About This Issue Brief

Cultural competence is a natural fit with person-centered benefits outreach and enrollment, and has advantages not only for the client, but also for the work of the counseling organization. This issue brief discusses how benefits counselors can adopt a systematic approach to deliver culturally competent services to ensure that low-income clients—regardless of their background—receive and retain benefits that help them to maintain a level of financial stability, remain healthy, and continue to live independently, thereby contributing to the economic and social life of their community.
Introduction

Every day thousands of benefits counselors help older adults of diverse ethnic, linguistic, and cultural backgrounds with limited income and resources to access benefits that help pay their health care, prescription, food, and energy costs. As the Medicare beneficiary population continues to grow and diversify, benefits counselors are challenged to adapt and expand their cultural competence skills. This issue brief discusses how benefits counselors can adopt a systematic approach to deliver culturally competent services to ensure that low-income clients—regardless of their background—receive and retain benefits that help them to maintain a level of financial stability, remain healthy, and continue to live independently, thereby contributing to the economic and social life of their community.

What is cultural competence?

While there is no single standard definition of cultural competence, there is consensus that the concept includes the following elements:

- Understanding and valuing diversity.
- Self-assessment—this includes being able to look critically at one’s own culture and how this influences perceptions of others.
- Consciousness of differences—i.e., understanding how the varying elements of culture come into play in human interactions.
- Institutionalization of cultural knowledge—the ability to acquire knowledge about other cultures and use that knowledge at an operational level within an organization.
- Adaptation—the ability to adapt to diversity and the changing context of communities.

Cultural Competence and Benefits Counseling

A person-centered approach to benefits access is one that allows for individualized, one-on-one assistance to help clients—especially those with the greatest social need, as described in more detail on the next page—to identify, apply for, and enroll in all of the benefits for which they are eligible. Cultural competence is a natural fit with person-centeredness, and has advantages not only for the client, but also for the work of the counseling organization. A culturally competent approach leads to:

- An improved ability to build relationships of trust with clients, which ensures their likelihood to return to the organization and to refer others in their community for services.

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1 Currently there are more than 48 million people with Medicare in the United States. For a more detailed look at other characteristics of this population not contained in this brief, please see the Kaiser Family Foundation, Medicare Chartbook, 2010, available at: http://www.kff.org/medicare/8103.cfm.
Better quality of benefits applications and less likelihood of errors, given that a counselor would understand where potential misunderstandings may occur (e.g., in counting household members, supplying documentation2) and have a plan for mitigating these.

Better, more timely outcomes—a client is more likely to receive the benefit without delays or the need for appeals, and has an understanding of how to use the benefit once received.

Different cultural aspects can pose significant barriers to benefits outreach and enrollment for clients and counselors and their organizations. For instance, the absence of applications in multiple languages places a greater burden on the benefits counseling organization to provide personalized assistance. Improved outreach and education around benefits may be necessary to reach those who move from a country with a weak or non-existent social insurance system, and who may lack awareness about Medicare, Social Security, and related benefits. And individuals who may originate from countries with cash-based economies may be wholly unfamiliar with electronic benefits transfer (EBT) cards, such as those used to deliver SNAP benefits, or direct deposit, which is used for other cash benefits.

Requirements under the law

The Older Americans Act (OAA) charges benefits counselors—and other aging network professionals—with helping those with the greatest social need. According to the OAA, the term “greatest social need” is defined as the need caused by non-economic factors, which include—

- physical and mental disabilities;
- language barriers; and
- cultural, social, or geographical isolation,

including isolation caused by racial or ethnic status, that—

(i) restricts the ability of an individual to perform normal daily tasks; or

(ii) threatens the capacity of the individual to live independently.

While the OAA definition promotes the core principles of cultural competence to be adopted by aging services professionals, cultural competence itself is not a federally mandated element in the delivery of benefits enrollment or other services. However, there is much legislation regarding anti-discrimination and language access which work to promote cultural competence in health and human services.

For example, the following pieces of legislation around ensuring access to services for persons with limited English proficiency (LEP) have had an important impact in guiding many of the efforts to incorporate linguistic competence into service delivery:

- Issued by President Clinton in 2000, Executive Order 13166 set forth that “each Federal agency shall ... implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency.”3

- Congress mandated the Office of Minority Health (OMH) in 1994 to develop the capacity of health care professionals to address cultural and linguistic barriers to care. As a result, OMH created the CLAS standards—a set of 14 standards organized around the themes of culturally competent care, language access, and organizational supports for cultural competence.4

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2 Documentation refers to any materials that may be necessary for a person to submit in order to verify eligibility for a particular benefit, i.e., to prove age, residency, income, assets.


4 See http://minorityhealth.hhs.gov/ for more information.
On April 5, 2011, the Centers for Medicare & Medicaid Services (CMS) adopted a final rule that requires Medicare health and prescription drug plans to translate marketing materials into any language that is the primary language of at least 5% of individuals in a plan benefit package service area.

In the absence of legal requirements, it is the commitment to person-centered assistance, quality of service, and ultimately, equitable access to services that underlie the efforts of benefits counselors and their agencies to become culturally competent organizations.

A Snapshot of Cultural Diversity Among the 65+ Population

An organization’s ability to adapt and grow its capacity to deliver culturally competent services relies to a great extent on its continuous effort to understand the main characteristics of the population that it serves, and how these characteristics change over time. In recent years, states have seen significant changes in the populations for whom their primary language is not English, who are foreign born, and older adults who follow non-mainstream religious groups or traditions. These trends, and the challenges and opportunities that arise from them, are presented in detail below.

Language

The delivery of linguistically competent services has been the area of cultural competence that has received the greatest attention among benefits counselors and community-based organizations (CBOs). In the absence of linguistically competent services, older adults are faced with an immediate barrier that prevents them from completing applications by themselves or communicating with benefit counselors, and ultimately accessing the benefits and services to meet their needs.

Data from the American Community Survey shows that nearly 5.5 million older adults (14%) speak a language other than English as their primary language at home. While the most common language spoken by this population is Spanish, older adults for whom English is not their primary language are a linguistically diverse group. Close to 55% speak a variety of languages that range from commonly known languages—German, Italian, French, Chinese, Tagalog (the language of the Philippines), and Russian—to smaller languages spoken by Native American tribes such as Navajo, Apache, and Dakota, among others.

Language diversity varies significantly by state and locality. For instance, in the state of New York, there is a 40% chance that two randomly chosen older adults will speak two different languages. In Mississippi, where 99% of the population speaks English, that chance is only 3%. But even within the state of New York, most of the language diversity is concentrated in the New York City area, where nearly 44% (approximately 450,000) of its older population speaks a language other than English as their primary language.

Nearly 4 in 10 older adults (approximately 2.1 million) for whom English is not their primary language have limited English proficiency. In other words, they speak English “not well” or “not at all.” These are seniors for whom benefits access depends greatly on language competency. The specific LEP rates rates vary significantly among groups, but the group with the highest rate of LEP is the Hmong population, among whom 86% speaks English “not well” or “not at all.”

In recent years, the older population with limited English proficiency has grown at a faster pace than the general older population. Between 2005 and 2009, the number of LEP seniors increased by 19% (approximately 350,000). Within this population, the fastest growth in number and percent was reported among older adults for whom Spanish is their primary or sole language for communication.

Developing the capacity of an organization and its staff to deliver linguistically competent services is critical for this population, as over 50% of LEP seniors have incomes below 200% of the FPL, which is a common threshold of economic

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5 Unless otherwise specified, the data in this section was obtained through NCOA special online analysis of American Community Survey 2009, Public Use Microdata Files using Data Ferrett. Data and an online analysis tool are available online at [http://dataferrett.census.gov/](http://dataferrett.census.gov/). American Community Survey data is based on a sample of nearly 2 million addresses. The data is subject to sampling error and variability.
insecurity. This rate is disproportionally higher than for the general older population, among whom 32% have incomes below 200% of the FPL. Table 1 provides an illustration of economic insecurity among foreign-born seniors with limited English proficiency.

**Nationality**

Many community-based organizations and their staff are also investing their resources to become more culturally competent to deliver services to older adults of diverse nationalities. Developing this type of competency and expertise is challenging, as often nationality is closely associated with language and religion. Therefore, developing the capacity to serve a population of a certain country of origin may also require an understanding of their primary language and/or religion.

Organizations that are seeking to develop their cultural competence to deliver services to a population of a specific nationality need to devote a great deal of resources to strengthening their one-on-one counseling and education capacity. Education and counseling are critical for culturally competent services, because foreign-born populations are more likely to be unfamiliar with the core benefit programs in the United States. Furthermore, foreign-born individuals may also have different experiences and expectations regarding government and social programs.

Developing the expertise to deliver culturally competent services on the basis of nationality could be critical for the nearly 4.6 million older adults who are foreign born, especially the slightly over 420,000 that migrated to the United States in the past 10 years. Furthermore, this kind of expertise could be also applied and adapted to

### Table 1

<table>
<thead>
<tr>
<th>Primary Language</th>
<th># with incomes at or below 200% of FPL</th>
<th>% with incomes at or below 200% of FPL</th>
<th>Primary State(s) of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>541,173</td>
<td>59.1%</td>
<td>California, Florida, and Texas</td>
</tr>
<tr>
<td>Russian</td>
<td>70,397</td>
<td>78.6%</td>
<td>New York and California</td>
</tr>
<tr>
<td>Chinese</td>
<td>60,850</td>
<td>46.4%</td>
<td>California and New York</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>42,196</td>
<td>50.7%</td>
<td>California and Texas</td>
</tr>
<tr>
<td>Korean</td>
<td>40,013</td>
<td>58.5%</td>
<td>California and Texas</td>
</tr>
<tr>
<td>Cantonese</td>
<td>28,088</td>
<td>55.9%</td>
<td>California and New York</td>
</tr>
<tr>
<td>French Creole</td>
<td>19,451</td>
<td>55.6%</td>
<td>Florida</td>
</tr>
<tr>
<td>Italian</td>
<td>17,681</td>
<td>44.2%</td>
<td>New York, New Jersey, and Illinois</td>
</tr>
<tr>
<td>Armenian</td>
<td>15,924</td>
<td>66.4%</td>
<td>California</td>
</tr>
<tr>
<td>Portuguese</td>
<td>15,867</td>
<td>50.3%</td>
<td>Massachusetts, Rhode Island, and New Jersey</td>
</tr>
</tbody>
</table>

*Source: NCOA analysis of the American Community Survey 2009, Public Use Microdata Files.*
deliver services to Native American populations and many of the native populations of U.S. territories and possessions who now live on the mainland. For many of these populations, the benefits, services, and programs available in their communities may differ significantly from those available in the 50 states and the District of Columbia, thus making very important the role of the CBOs and benefits counselors in educating these communities about benefits.

This type of cultural competency will become increasingly more important as the number of foreign-born seniors continues to increase. Between 2005 and 2009, the number of foreign-born seniors increased by nearly one million. In addition, the needs of these communities have grown in recent years. American Community Survey data shows that 38% of foreign-born seniors have incomes below 200% of the FPL (in comparison to 32% of the general population). Furthermore, while the number of economically insecure seniors who are native born only grew by 1% between 2005 and 2009, the number of foreign-born seniors living in economic insecurity grew by 14%.

**Religious Diversity**

Another cultural element that continues to present new challenges and opportunities for community-based organizations and benefits counselors is the increasing religious diversity in the communities that they serve. In recent years, there have been important changes in religious diversity among older Americans that indicate a need for better training and understanding on how these changes influence access to benefits and the work of benefits counselors. The data shows while religious affiliation has slowly declined over time, the diversity of religious groups has increased. In 1990, approximately 90% of older adults self-identified with the three most common Christian groups (i.e. Catholicism, Mainline or Evangelical Christianity). Today, 85% self-identify with these groups.

For organizations working on benefits outreach and enrollment, understanding the main characteristics of the different religious groups in their communities may determine their success, but also the level of trust that individuals will place in them. For instance, if major religious holidays and days of observance are not taken into account when conducting an outreach or enrollment activity, the activity could have low turnout, and the organization and its staff are at risk of alienating these groups.

Organizations and counselors must also take into consideration how religious beliefs influence a given person’s views of public assistance, and the benefits provided by these programs. In developing the skills of understanding how religion influences the individual’s views, counselors must keep in mind that these views often vary within religious groups themselves depending on the traditions and branches, and among individuals, depending on their level of religiosity and adherence. Developing partnerships with faith communities and learning how they approach benefits access (e.g., is assistance delivered directly at the place of worship or via social agencies in other community settings?) can be a critical instrument in cultivating this insight.

The few available sources of data that allow us to study religious affiliation among older adults suggest that religious affiliation is an important factor among the population served by many benefits counselors. According to the General Social Survey, religious affiliation is higher among older adults than other age groups, but more importantly, older adults with lower incomes hold the highest levels of religious diversity and affiliation. This data also shows that older adults, compared with the general population, tend to be more active in their religious group.

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6 Unless otherwise specified, the data on religious diversity and affiliation was obtained through NCOA special online analysis of the General Social Survey (1990 and 2008). Data and an online analysis tool are available at http://www.thearda.com/Archive/Files/Descriptions/GSS08PAN.asp. The General Social Survey data is based on a representative sample of the U.S. non-institutionalized population of nearly 3,500 individuals. The data is subject to sampling error and variability.
Challenges and Opportunities

As America’s older population continues to grow and become more culturally diverse, community-based organizations and benefits counselors are faced with a unique set of challenges and opportunities to improve and adapt their services. Understanding these challenges can help organizations to become more culturally competent by helping them to address factors that might influence the effectiveness of their outreach, enrollment, and follow-up efforts even if the organization already possesses strong cultural and linguistic competency.

The challenges posed by the growing diversity among older population stem primarily from the growth in number of each different group, which will result in a greater demand for services. However, many of the other challenges and opportunities stem from the diversification, dispersion, and relative complexity of the needs among the communities for whom culturally competent services are essential to access benefits.

- **Diversity within diversity.** An immediate challenge to developing and retaining a culturally competent organization is the evolving diversity among many of the groups cited above. This evolving diversity is often the result of changes over time in the main composition of groups that migrate to the United States. One example of this is the rapidly evolving Asian-American community. In recent years, the senior population in this community has become more linguistically, ethnically, and religiously complex as migrants from India, Pakistan, and Iraq become an increasingly larger share of the immigrants admitted to the United States from Asia.\(^7\)

  Furthermore, diversity within these populations continues to evolve as they adapt and adopt elements of the American culture and the English language, thus creating important differences even between generations of immigrants that share the same language or national origin. Understanding these generational aspects could be crucial to CBOs and counselors to identify needs and develop strategies that build upon the relative knowledge and familiarity of these groups with the English language and the different benefits programs.

- **Increased geographic dispersion.** Ethnic, religious, and linguistic diversity is often associated with large urban settings or specific types of communities. However, in recent years, the United States has seen a dispersion of the foreign-born and the LEP population to more rural and frontier communities. For instance, the presence of the Hispanic population in rural and frontier states has increased exponentially. In Alaska, Montana, and West Virginia alone, the older Hispanic population doubled between 2007 and 2009. This can pose particular challenges in areas where there is a limited pool of professionals (benefits counselors and others) who possess familiarity and cultural skills with those communities, as finding volunteers to assist with interpretation or other services may be especially challenging.

- **Lower literacy levels.** One challenge of delivering culturally competent services is the strong relationship between language, nationality, and education. In contrast to the general older population, a higher percent of foreign-born and LEP seniors have lower education levels. Among LEP seniors, 61% have less than a 9th grade education and 29% have less than a 3rd grade education. These are considered important thresholds of health and formal literacy, respectively.

  While literacy levels often vary significantly within communities that speak the same language or share the same country of origin, low literacy is strongly associated with lower incomes.\(^8\) As a result, the process of becoming

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\(^7\) Specific data on these trends can be found at the Department of Homeland Security: Yearbook of Immigration Statistics: 2010, Table 2, Persons Obtaining Legal Permanent Resident Status by Region and Selected Country of Last Residence: Fiscal Years 1820 to 2010. This table is available online at: http://www.dhs.gov/files/statistics/publications/LPR10.shtm

\(^8\) An examination of the American Community Survey data shows the strong relationship between these factors. Nearly 10% of seniors with incomes above 200% of the FPL have less than a 9th grade education. In contrast, 25% of seniors with incomes below 200% have less than a 9th grade education. These socioeconomic differences can be observed among foreign-born and LEP populations. For instance, 55% of seniors with LEP who have incomes above 200% of the FPL have less than a 9th grade education, in comparison to 66% seniors with LEP who have incomes below 200% have less than a 9th grade education.
a more linguistically and culturally competent organization goes beyond translating materials and providing services in a manner that align with religion and culture. Lower literacy levels challenge organizations to develop a set of communication skills that takes into account the likelihood that many of these seniors might not be able to read, write, or understand many of the materials even if they are translated into their native language.

- **Frequent residential mobility.** Another important challenge that many organizations will continue facing in delivering culturally and linguistically competent services is that these populations are likely to move more frequently. According to the American Community Survey, the residential mobility rates for foreign-born older adults and the LEP population were significantly higher than for the general older population.9

Frequent residential mobility makes it even more difficult for community-based organizations and counselors to establish the necessary long-term, one-on-one relationship with the client that helps counselors to build their cultural expertise, but also builds the trust that enables organizations and counselors to become the preferred source of benefits assistance. The frequent residential mobility of these populations places a great deal of pressure on CBOs to establish service delivery models that emphasize client trust so that the client remains in contact with the organization even if they move to another location. In communities with a large proportion of renters and high residential mobility, CBOs could develop creative partnerships with government agencies that usually track address changes, such as the postal service, the board of elections, and the department of motor vehicles.

While some of these trends pose challenges to reach out and enroll these populations into benefits, there are also many important opportunities that present themselves.

- **Current interaction with government.** Many of the seniors who are missing out on benefits are already in some type of contact with key government agencies and programs that serve low-income seniors. For instance, 88% of the 2.1 million seniors with limited English proficiency are current Medicare and/or Social Security beneficiaries. Furthermore, BenefitsCheckUp data shows that one third of the seniors who are missing out on at least one core benefit (LIHEAP, SSI, LIS, Medicaid, MSP, SNAP) are already current beneficiaries of at least one of these programs.10

The fact that many of the seniors who are in need are already interacting with public agencies that administer benefits for low-income seniors, or are already enrolled in a benefit program, makes a strong case for partnerships between government agencies and community-based agencies to increase access to benefits. These partnerships could have great potential for becoming a source of referrals and training, but also as a resource to deliver services to small ethnically or linguistically isolated groups for whom federal agencies are sometimes better equipped to serve.

Partnerships to serve the needs of a culturally diverse community can look beyond the traditional agencies that administer benefits. Newly admitted citizens who are Medicare eligible are one group that could benefit from a creative partnership between community-based organizations and the local agencies working on naturalization. These partnerships could play a major role in educating the population about Social Security and Medicare and other benefits programs, and ensuring that individuals understand these benefits as they become citizens.

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9 In 2009, residential mobility rates for LEP seniors and foreign-born seniors were 9% and 7% respectively. This compares to 5% for the general older population.

10 NCOA analysis of a random sample of BenefitsCheckUp.org consumer comprehensive screenings (n=1,100). In a comprehensive screening, individuals provide detailed information about their current participation in programs and their income and resources, which allows BenefitsCheckUp® to determine if an individual is eligible for but not receiving a benefit. In 2010, over 200,000 consumers and their caregivers used BenefitsCheckUp.org to determine their eligibility for over 1,900 public and private benefits.
Family support. In order to meet the greater demand for services and to adapt to the continued complexity of the population with ever limited resources, community-based organizations and benefits counselors need the support of family members and caregivers. Census data suggests that family support might be a great asset for seniors for whom culturally competent services are necessary. Nearly 30% of seniors with limited English proficiency live in multigenerational households. The data also shows that 20% of foreign-born older adults live in multigenerational households. In comparison, only 6% of the older population born in the United States lives in multigenerational households. In fact, the 900,000 foreign-born seniors living in multigenerational households constitute 40% of all the multigenerational households in the United States.

The stronger presence of other family members in the households provides a unique opportunity for designing outreach and enrollment strategies that make the most efficient use of family members, whether it is for gathering documentation, keeping track of appointments, and helping loved ones to make optimum use of their benefits. This also offers an opportunity for outreach targeted at other family members—some of whom may feel more able to speak English, use technology, and interact with public officials, but may also be missing out on important benefits.

Steps for Implementing a Culturally Competent Approach

How does one begin to use this knowledge about changing demographic trends to develop a comprehensive strategy for delivering culturally competent benefits outreach and enrollment? The following steps provide an example of how CBOs and benefits counselors can examine their current capabilities and effectively adapt to meet the changing needs of their target populations.

Step 1: Organizational self-assessment

Benefits counseling organizations can begin with a comprehensive self-assessment of what is being done—and what is lacking—to facilitate a culturally competent work environment.

Internally, organizations can look at whether their policies foster the recruitment and retention of diverse staff, and include training and support for staff to boost their skills in cultural competence. Having a mission statement that emphasizes the goal of fostering cultural competency can reinforce the policies.

Similarly, organizations and individuals can assess the external messages and methods they use with clients, and whether these reflect the diverse needs of those they serve.

Census and other population data sources may be useful tools in helping organizations to identify their target audiences and specific backgrounds. Simultaneously, an organization can examine its processes for all stages of outreach and enrollment assistance to determine where improvements may be made. (See Table 2 for suggested questions to ask about these processes.)

Developing a clients’ bill of rights can be a way to focus the mission to deliver culturally competent services. A bill of rights should be available to anyone upon first contact with the organization, and should articulate how you will accommodate clients’ needs, e.g., through language services, adaptation of physical environment for those with disabilities, low literacy materials, etc.

It’s important to remember that—by the sheer nature of their work—benefits counselors already deal with complex systems of beliefs, norms, behaviors, and relationships with their clients. Benefits counselors may possess different skills and manners of conduct, e.g., when serving people from different age groups, those encountering extreme poverty (including the homeless), and those living in remote, frontier areas. The only difference between these possible “cultural” categories with others such as language, religion, and ethnicity is the relative ability and likelihood to become familiar and exposed to these systems of beliefs and behaviors.
### Table 2

**Suggested questions for conducting an assessment of your culturally competent benefits outreach and enrollment activities**

<table>
<thead>
<tr>
<th><strong>Timing/format of outreach activities</strong></th>
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</table>
| Does your event coincide/conflict with a holiday/festival/religious day? Are there any prohibitions related to that day (e.g., fasting for religious holidays)?
| Are there specific events important to your target population that may be useful to time messages around?
| Is the event at a time and location convenient for your audience? Do they know how to get there?
| What trust- or rapport-building elements need to be included in your activity—e.g., should you have a prominent local community member speak, should you serve food, should there be a specific location? |

<table>
<thead>
<tr>
<th><strong>Materials</strong></th>
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| Are your materials written in plain language? (including translations)
| If in translation, are the materials in the correct dialect of the language widely spoken by your community (e.g., Mandarin vs. Cantonese)?
| Do they include pictures/other cultural references specific to the target community?
| Have they been reviewed and tested by the target audience? |

<table>
<thead>
<tr>
<th><strong>Personal communication &amp; contact</strong></th>
</tr>
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</table>
| Are there gender norms related to your target audience? (e.g., shaking hands with a member of the opposite sex, looking in the eye, who to address if speaking to multiple family members)
| Is there a particular form of address to use in conversation?
| Are there topics that are taboo to your audience? (e.g., death/end of life planning, mental illness) |

<table>
<thead>
<tr>
<th><strong>Education about use &amp; retention of benefits</strong></th>
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</table>
| Does your target audience know how they will receive the benefits? If so, do they know how those systems operate (e.g., EBT cards, direct deposit)?
| Do clients know how to retain the benefits?
| Do they know where to go should they need assistance?
| For clients who may be non-citizens (e.g., legal refugees/green card holders), do they understand what time limits may occur regarding receipt of benefits? |
Step 2: Cultivate partnerships with key community agencies

Most organizations lack the resources and expertise to be able to deliver culturally competent services without outside assistance. Therefore, it’s important to identify who in the community can fill in gaps. Specifically, are there organizations (such as churches/mosques/community centers/cultural organizations) that already serve your audience and are trusted resources among the target community?

Partners can take on a variety of roles: they can provide translation/interpretation assistance, promote benefits via existing resource materials, help host outreach and enrollment events, and offer transportation services. Once identified, the roles and responsibilities of partners—level of engagement, and reimbursement for services—should be clearly articulated in some form of interagency agreement or Memorandum of Understanding. Such formality is essential to ensuring the partnership occurs at an organizational level, and can withstand any turnover in staff.

Step 3: Training

Does the organization have a plan for getting everyone on the same page? While line staff is critical to train, it is important to include executive staff and volunteers in training to ensure “buy-in” at all levels of the organization. Similarly, many of your new partners in the different communities may have a limited history or knowledge of benefits, therefore it is critical to determine your role in training them to stay up-to-date on these benefits. Numerous toolkits exist to assist with this training that can be adapted to suit the organization’s needs.11

Quality assurance: a bonus of training

One of the lessons learned through work on the Medicare Improvements for Patients and Providers Act (MIPPA) grant—which focuses on outreach and enrollment for two core benefits (Extra Help and Medicare Savings Programs) that make Medicare affordable—is that as new partners engaged in application assistance for the Part D Low-Income Subsidy, the role of State Health Insurance Assistance Programs and other seasoned organizations was critical in ensuring the consistency and quality of those applications.

Step 4: Don’t forget to budget

There is a cost to enhancing the capacity to deliver culturally competent services. Training, forging partnerships, and changing service delivery all require an investment of fiscal and human resources. This is often the stalling point for organizations and why people don’t become engaged.

But a great deal of opportunity exists for looking beyond your community borders and in many cases pooling resources. This is especially the case for benefits programs that have nationally uniform eligibility rules such as the Part D Low-Income Subsidy, whereby outreach materials don’t need to be locality-specific. State agencies and community organizations operating in areas with similar shared demographics may find the opportunity to conduct shared outreach on these programs, while directing them to the appropriate local agency for application assistance.

11 See, for example the Administration on Aging’s diversity toolkit at http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_Full.pdf or the USDA Food & Nutrition Service toolkit for the Supplemental Nutrition Assistance Program, which focuses specifically on outreach to seniors and diverse populations: http://www.fns.usda.gov/snap/outreach/pdfs/toolkit/2010/Community/SNAP_community_Chapter04.pdf
Step 5: Evaluation

There are many ways to measure the success of your efforts. Improved client outcomes—more individuals who need benefits actually receiving them—is only one.

The data sources used to identify the target population and their needs can be one source of measuring the change in eligibility and enrollment over time. Having data sharing agreements with agencies administering benefits to determine whether clients actually received the benefit can be a key resource to getting further information about enrollment.

It’s also important to examine whether the efforts have resulted in greater efficiencies in fiscal resources (by relying more on partners) and staff time. Organizations or agencies might also want to build mechanisms for evaluation at an operational level. Having a task force or committee with oversight of cultural competency issues can help to check progress and address challenges as they occur. It may also be useful to periodically host focus groups with culturally diverse clients to understand their needs, concerns, barriers, and how the organization is addressing these.

With a shared commitment to ensuring access to benefits for those with the greatest social need, it makes sense that adopting a culturally competent approach to benefits outreach and enrollment will go far in helping to maximize the number of low-income, vulnerable Medicare beneficiaries receiving assistance.
Conclusion and recommendations

There is no “one size fits all” approach to incorporating cultural competence into benefits outreach and enrollment activities, nor for delivering culturally competent services to populations with wide-ranging backgrounds, beliefs, and attitudes. For the aging services network, this places the onus on individual benefits counselors to have an arsenal of strategies at the ready to serve an increasingly diverse clientele.

At the same time, there are strategies—as outlined in the preceding steps—that organizations can take to support this work at an institutional level. Key to this process is community mapping—being able to identify all actors in the community that have access to the target community and understanding how to draw upon their organizational strengths throughout the outreach, enrollment, and follow-up processes.

At a higher level, agencies that fund and administer benefits programs should be encouraged to fund and support research and projects that can identify best practices in the field of delivering culturally competent benefits outreach and enrollment. Particular areas of focus should include:

- **Population-specific studies** to inform the development of outreach and enrollment strategies specifically tailored to diverse communities, with attention to promising practices in breaking down the barriers to benefits access, and better understanding of the intersection of culture, age, and poverty. Included in this should be projects that test the replicability of promising practices for benefits outreach and enrollment for one population with other populations that may have similar characteristics/needs.

- **Opportunities for enhancing inter-agency referrals** for seniors who may already be served by one federal or state agency and be eligible for benefits from another agency.

With a shared commitment to ensuring access to benefits for those with the greatest social need, it makes sense that adopting a culturally competent approach to benefits outreach and enrollment will go far in helping to maximize the number of low-income, vulnerable Medicare beneficiaries receiving assistance.
About the Authors

Brandy Bauer is Communications Associate within the National Center for Benefits Outreach and Enrollment at NCOA. She has 12 years of experience in communications related to improving access to services for vulnerable and marginalized populations, including in the health, humanitarian aid, and human rights sectors. Héctor Ortiz, Ph.D. is Research and Data Analyst at the National Center for Benefits Outreach and Enrollment, where he provides research and technical support to the states that receive funding under the Medicare Improvements for Patients and Providers Act and the AoA-supported Benefits Enrollment Centers nationwide. Dr. Ortiz has studied social and linguistic isolation among seniors, and has a particular interest in benefits access among Hispanics.
The National Center for Benefits Outreach and Enrollment

The National Center for Benefits Outreach and Enrollment (www.CenterforBenefits.org) helps organizations enroll seniors and younger adults with disabilities with limited means into the benefits programs for which they are eligible so that they can remain healthy and improve the quality of their lives.

The Center accomplishes its mission by:

- Providing tools, resources and technology (such as www.BenefitsCheckUp.org) that help local, state and regional organizations to find, counsel and assist seniors and younger adults with disabilities to apply for and enroll in the benefits for which they may be eligible.

- Generating and disseminating new knowledge about best practices and cost effective strategies for benefits outreach and enrollment.

- Funding and establishing Benefits Enrollment Centers in 20 areas of the country. Using web-based tools and person-centered approaches, these Centers help seniors in need and people with disabilities find and enroll in all the benefit programs for which they are eligible.

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