

August 22, 2016

Greg Link
Administration for Community Living
U.S. Administration of Aging
Department of Health and Human Services
Washington, DC 20201

Re: Request for Comments on Guidance for the Development and Submission of State Plans on Aging, State Plan Amendments and Intrastate Funding Formula

Dear Mr. Link:

On behalf of the Center for American Progress (CAP), we are writing this letter in response to the Notice published in the Federal Register on June 21, 2016, which seeks comment regarding the inclusion of a targeting provision in the Administration for Community Living's (ACL) Program Instruction on Guidance for the Development and Submission of State Plans on Aging, State Plan Amendments and the Intrastate Funding Formula.

CAP is a nonpartisan think tank dedicated to improving the lives of Americans through bold, progressive ideas and action. As part of its core mission, CAP conducts research and develops new policy ideas that help expand opportunity and improve economic security for vulnerable communities, including older adults, ethnic and racial minorities, and lesbian, gay, bisexual, transgender, or LGBT, people.

We believe the ACL's proposed Program Instruction is an important step in the right direction for older Americans and their families. Targeted services aimed at assessing the needs and improving the lives of historically vulnerable communities are essential for increasing the health and well-being of seniors and their families. Successfully serving these communities will lead to reduced isolation of vulnerable seniors and increased support for their family caregivers and support systems.

Although we support ACL's designation of various factors in determining what constitutes a population with "greatest economic and social need," we strongly urge ACL to go beyond its current proposal and *explicitly require* states to describe the actions taken to assess the needs of vulnerable communities, including LGBT people and American Indians, among others.

Designation as "Greatest Social Need"

We applaud the ACL for including other factors that may contribute to "greatest social need" in the proposed instruction, in particular:

being an American Indian (regardless of membership in a Federal or state-recognized tribe); one's sexual orientation/gender identity (LGBT); being a Holocaust survivor; status as a refugee; or discrimination and/or persecution (past or present) based on religious/social/political beliefs.

The Older Americans Act (OAA) targeting provisions require states to give preference to older populations with “greatest social need” – including those with physical and mental disabilities, language barriers, and **cultural, social or geographical isolation, which also includes isolation caused by racial or ethnic status.**¹ LGBT older adults and American Indians living on reservations experience significant social, cultural, and geographical isolation, and thus properly fall within the OAA’s criteria for designation as communities with “greatest social need.”

Social connectedness is essential to overall wellbeing, and social isolation can be both a cause and consequence of poverty.² Social isolation can result in poor health outcomes, weaker social relations and networks, and lack of access to public services and supports³, thereby creating economic challenges, such as meager employment opportunities, reduced earnings potential, and increased living expenses, among others. Poverty has been linked to weaker social relations and political participation, among other aspects of social life,⁴ further limiting one’s ability to experience full inclusion in society.

Research demonstrates that older LGBT people experience significant social isolation. They are more likely to live alone than their non-LGBT counterparts⁵ and more likely to feel unwelcome in, or be unwelcome in, community spaces and healthcare settings.⁶ A New York study found that LGBT elders are only half as likely to have close relatives to call for help, and four times less likely to have children to assist them.⁷

American Indians living on reservation communities also experience significant cultural and geographic isolation that makes it harder for them to remain both socially and digitally connected. For example, 63 percent of people living on Tribal lands lack access to adequate broadband services,⁸ thereby limiting access to health services, online social networks and communications, public services and supports, employment opportunities, and the ability to engage in online educational programs.⁹ Among those living in rural areas of Tribal lands, 85 percent – or five times that of the overall U.S. population – lack adequate broadband services.¹⁰ American Indians also have severe barriers to health care access. More than four in ten American

¹ Older Americans Act Reauthorization Act of 2016, Public Law 144, 114th Cong., 2d sess. (April 19, 2016), 133, 334.

² Diego Zavaleta, Kim Samuel and China Mills, “Social Isolation: A Conceptual and Measurement Proposal,” OPHI Working Paper No. 67 (January 2014), available at <http://www.ophi.org.uk/wp-content/uploads/ophi-wp-67.pdf>.

³ *ibid.*

⁴ Carina Mood and Jan O. Jonsson, “The Social Consequences of Poverty: An Empirical Test on Longitudinal Data,” *Social Indicators Research* 127 (2): 633 – 652.

⁵ LGBT Movement Advance Project (MAP) and Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE), “Improving the Lives of LGBT Older Adults,” (2010), available at <http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf>.

⁶ *Ibid.*

⁷ SAGE and Hunter College Brookdale Center, “Assistive Housing for Elderly Gays and Lesbians in New York City,” October 1999.

⁸ Federal Communications Commission, “2015 Broadband Progress Report,” available at <https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2015-broadband-progress-report> (last accessed August 2016).

⁹ Gery Smith, “On Tribal Lands, Digital Divide Brings New Form of Isolation,” *The Huffington Post*, April, 23, 2012, available at http://www.huffingtonpost.com/2012/04/20/digital-divide-tribal-lands_n_1403046.html.

¹⁰ Federal Communications Commission, “2015 Broadband Progress Report.”

Indians who are eligible to receive care from the Indian Health Service (IHS) – the primary federal program that provides health services to American Indians who are members of recognized tribes – do not live within the IHS’s health service delivery area.¹¹

While the OAA does not expressly exclude isolated populations outside of racial or ethnic status, it has made clear that other factors – including sexual orientation, gender identity and minority religious affiliation, among others – may lead to social, cultural, or geographical isolation. We agree that “such factors can limit the degree to which older adults experience full inclusion in society and are able to access available services and supports.” Thus, we firmly believe these populations correspond to those with “greatest social need” as defined by the OAA.¹² This broader interpretation of the statute’s plain language will provide much-needed services and supports to historically isolated populations.

Designation as “Greatest Economic Need”

Similarly, we commend the ACL for including other factors that may contribute to “greatest economic need” in the proposed instruction, in particular:

being an American Indian (regardless of membership in a Federal or state-recognized tribe); one’s sexual orientation/gender identity (LGBT); being a Holocaust survivor; status as a refugee; or discrimination and/or persecution (past or present) based on religious/social/political beliefs.

The OAA targeting provisions also require states to give preference to older populations with “greatest economic need,” or the need resulting from an income level at or below the federal poverty line.¹³

LGBT people, including LGBT older adults, are more likely to face economic hardship and experience poverty than their non-LGBT peers. Researchers have noted that a lifetime of employment discrimination, limited access to healthcare, exclusion from legal marriage and government safety net programs, and an increased likelihood of living alone are all factors contributing to economic insecurity for older LGBT people.¹⁴ For example, female same-sex couples aged 65 years and older fare off worse than their different-sex counterparts with 6 percent and 3.5 percent living in poverty, respectively.¹⁵ Transgender older adults also face significant levels of social isolation and barriers to economic security, such as accessing

¹¹ Cara James, Karyn Schwartz and Julia Berndt, “A Profile of American Indians and Alaska Natives and Their Health Coverage” (California: The Henry J. Kaiser Family Foundation, 2009), available at <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7977.pdf>.

¹² Administration for Community Living, “Administration on Aging (AoA),” available at http://www.aoa.gov/aoa_programs/OAA/resources/faqs.aspx (last accessed August 2016).

¹³ Older Americans Act Reauthorization Act of 2016, Public Law 144, 114th Cong., 2d sess. (April 19, 2016), 133, 334.

¹⁴ LGBT Movement Advance Project and SAGE, “Improving the Lives of LGBT Older Adults.”

¹⁵ M.V. Le Badgett, Laura E. Durso and Alyssa Schneebaum, “New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community” (University of California, Los Angeles School of Law: The Williams Institute, 2013), available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>.

services.¹⁶ Indeed, nearly one in four transgender older adults report being unable to afford a needed doctor's visit.¹⁷

Other populations are also at heightened risk of greatest economic need. American Indians, for example, experience poverty at disproportionate rates with 28.3 percent living in poverty in 2014, or more than double that of their white counterparts.¹⁸ The median household income for American Indians and Alaska Native households remains unacceptably low at \$37,227— well below the national median of \$53,657.¹⁹ American Indians also face elevated rates of unemployment that can vary substantially across Tribes and regions.²⁰ Refugees are also more likely to experience economic hardship as language barriers²¹ and cultural and psychological shocks²² can limit access to employment, income, and public supports and services.

We support the ACL's designation of these factors as contributors of "greatest economic need" and strongly believe the inclusion of such factors will greatly benefit historically vulnerable communities.

Addressing Older Populations with "Greatest Social and Economic Need"

While we commend the ACL's focus on these communities for the reasons discussed above, we are concerned that **it falls short in expressly requiring the States to address the needs of such populations.**

Despite a heightened risk of "greatest social and economic need," many populations of older adults are still not receiving the public assistance they need, in part because existing outreach efforts may fail at reaching this population. For example, a survey of 320 state and area agencies on aging found that only about one in eight reported outreach efforts targeted to both LGB and

¹⁶ SAGE and National Center for Transgender Equality (NCTE), "Improving the Lives of Transgender Older Adults" (2012), available at

<http://www.transequality.org/sites/default/files/docs/resources/TransAgingPolicyReportFull.pdf>.

¹⁷ Ibid.

¹⁸ Authors' calculation using the American Community Survey (U.S. Census Bureau, 2015).

¹⁹ Most recent data available is for the year 2014. See U.S. Census Bureau, "American Indian and Alaska Native Heritage Month: November 2015," available at <http://www.census.gov/newsroom/facts-for-features/2015/cb15-ff22.html> (last accessed August 2016).

²⁰ Unemployment data for American Indians is not readily and easily attainable through traditional data tools from the Bureau of Labor Statistics. For estimates and variations, please see Algeron Austin, "High Unemployment Means Native American Are Still Waiting for an Economic Recovery" (Washington: Economic Policy Institute, 2013), available at <http://www.epi.org/publication/high-unemployment-means-native-americans/>; and Vincent Schilling, "Getting Jobbed: 15 Tribes with Unemployment Rates Over 80 Percent," available at <http://indiancountrytodaymedianetwork.com/2013/08/29/danger-zone-15-tribes-unemployment-rates-over-80-percent-151078> (last accessed August 2016).

²¹ Jill Koyama, "In the War on Poverty, Don't Forget Refugees," *The Huffington Post*, March 25, 2014, available at http://www.huffingtonpost.com/jill-koyama-phd/dont-forget-refugees_b_4646377.html.

²² Yehwroe Sinyan and Isabel Lorenzo, "Chasing the Dream: Economic Challenges Black Immigrants Face in the 21st Century," available at <http://www.naacp.org/blog/entry/chasing-the-dream-part-ii-economic-challenges-black-immigrants-face-in-the> (last accessed August 2016).

transgender older adults.²³ In the same survey, 7.8 percent offered services targeted to LGB older adults and 7.2 percent to transgender older adults. Other surveys show that inadequate funding and resources for Indian Health Services have actually exacerbated health issues for Native elders.²⁴

The increased likelihood of isolation and economic insecurity – coupled with the lack of access to public supports and services – means that families often bear the brunt in providing both financial assistance and caregiving support for their older loved ones. Almost 40 million Americans aged 15 and older provided unpaid elder care in 2013 and 2014.²⁵ For the populations aforementioned, such care means deepening financial strain for younger generations that are *already* economically vulnerable and likely to experience social isolation.²⁶

We strongly believe that designation of these factors as contributors to “greatest social and economic need” will benefit families and provide *some* relief to populations that might otherwise be overlooked under the plain text of the OAA’s targeting provisions. This increased focus on the most vulnerable older adults is likely to benefit the entire community in that it represents that most effective use of OAA funds. However, the proposed guidance requires states to merely *describe approaches* for assessing and addressing the needs of such populations.

We recommend that the ACL *explicitly require* States to take the actions described to assess and meet the needs of vulnerable communities, including LGBT people and American Indians, among others.

Specifically, we recommend that the ACL revise the Proposed Instruction on page 6 to read:

To ensure effective targeting of resources to all older adults with greatest economic and social need, states should describe their approaches for assessing and addressing the needs of such populations of older adults and specify which actions will be undertaken to meet those needs.

We firmly believe that only a federal mandate requiring State Units of Aging to assess the needs of such populations of older adults will ensure maximum inclusion in programs funded under the OAA.

Moreover, we strongly urge the ACL to expressly require States to engage in inclusive approaches for targeting older populations with greatest economic and social need. As currently written, the proposal recommends the following approaches for assessing and addressing the needs of such population of older adults:

²³ Kelly Abel Knochel and others, “Ready to Serve? The Aging Network and LGB and T Older Adults,” (New York: Foundation Center, 2010), available at

http://www.ppv.issuelab.org/resource/ready_to_ser ve_the_aging_network_and_lgb_and_t_older_adults.

²⁴ Collette Adamsen, “Health Care Coverage by Age for American Indian/Alaska Native Elders” (North Dakota: National Resource Center on Native American Aging, 2015), available at <https://ruralhealth.und.edu/pdf/native-health-care-coverage.pdf>.

²⁵ Bureau of Labor Statistics, “Charts by Topic: Eldercare” (U.S. Department of Labor, 2015), available at <http://www.bls.gov/TUS/CHARTS/eldercare.htm> (last updated October 2015).

²⁶ Diego Zavaleta and others, “Social Isolation: A Conceptual and Measurement Proposal.”

conducting statewide environmental scans and needs assessments, ensuring broad representation on advisory committees, holding public hearings and conducting targeted outreach to ensure all populations are aware of and able to access services.

We recommend that the ACL revise the Proposed Instruction on page 6 to read:

conducting statewide environmental scans and needs assessments that allow for appropriate identification of the populations of greatest economic and social need, ensuring broad representation on advisory committees, holding public hearings and conducting targeted outreach to ensure all populations are aware of and able to access services.

The collection of data on vulnerable older adults is absolutely essential to determine if they are receiving the services necessary to ensure their health and well-being. For many populations readily available government data provide a useful base of information regarding a community. For other groups, such as LGBT individuals or Holocaust survivors, information is less readily available. A growing body of research has identified best practices for collecting data on sexual orientation and gender identity, showing its feasibility and acceptability across a number of contexts.²⁷ In addition, an increasing number of jurisdictions are implementing LGBT-inclusive data collection practices, including the Departments of Aging in New York and California. A more rigorous collection of information on historically vulnerable communities is a critical aspect of assessing the needs and improving the lives of members in these communities.

Respectfully submitted,



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²⁷ For more information on data collection for LGBT communities, please see Kellan Baker, Laura E. Durso and Aaron Ridings, “How to Collect Data About LGBT Communities” (Washington: Center for American Progress, 2016), available at <https://www.americanprogress.org/issues/lgbt/report/2016/03/15/133223/how-to-collect-data-about-lgbt-communities/>.