

June 6, 2022

Alison Barkoff  
Acting Assistant Secretary for Aging and Administrator  
Administration for Community Living  
Department of Health and Human Services

RE: Request for Information: Older Americans Act Regulations

Dear Acting Administrator Barkoff,

The Fenway Institute at Fenway Health is writing to comment on Title III of the Older Americans Act, 42 U.S.C. 3001 et seq., Grants for State and Community Programs on Aging.

**Fenway Health.** Founded in 1971, Fenway Health is a Federally Qualified Health Center (FQHC) in Boston, MA that advocates for and delivers innovative, equitable, accessible health care, supportive services, and transformative research and education. Fenway Health centers LGBTQIA+ people, BIPOC individuals, and other underserved communities to enable our local, national, and global neighbors to flourish.

**The Fenway Institute (TFI).** Based within Fenway Health and established in 2001, TFI is an interdisciplinary center for research, education, training, TA, and health policy development. National and international in its scope, TFI's mission is to ensure access to high-quality, culturally competent care and to reduce health disparities for traditionally underserved communities, particularly LGBTQIA+ people and those affected by HIV/AIDS. TFI is home to the LGBTQIA+ Aging Project, which works with elder service providers across Massachusetts to ensure that LGBTQIA+ older adults can access affirming, culturally responsive services, and care.

The authors of this letter have at least four decades' collective experience conducting research and policy analysis on LGBT aging and HIV and aging and working to improve services for older people with HIV (OPWH) and LGBTQIA+ older adults at the local, state, and federal level. Sean Cahill, PhD, Director of Health Policy Research at the Fenway Institute, has engaged in activism, services, and policy research on HIV prevention and care and LGBT equality for more than 30 years. Much of his work has focused on older adults. Cahill has served on the Massachusetts Special Legislative Commission on LGBT Aging since 2014, and on the HIV & Aging Policy Action Coalition since 2018. Lisa Krinsky, MSW LICSW, Director of the LGBTQIA+ Aging Project at TFI, has specialized in LGBTQIA+ aging for two decades, developing and delivering LGBTQIA+ and HIV cultural competency training and technical assistance to mainstream elder service providers. She has been instrumental in Massachusetts' leadership in advancing LGBTQIA+ and HIV aging policy, practice, and research at institutional, systemic, and interpersonal levels, and has served on the Massachusetts LGBT Aging Commission since its inception in 2014.

The LGBTQIA+ Aging Project, a program of the Fenway Institute at Fenway Health, works toward equity, inclusion, and community for lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual older adults, ensuring that they can age with the dignity and respect they deserve. The Aging Project, founded as the LGBT Aging Project in 2001, is the premier resource in New England advocating specifically for LGBTQIA+ older adults. It is the “go to” place for organizations looking for training and technical assistance as well as individuals seeking connection and support. Since 2004, the Aging Project has trained over 10,000 elder service providers and staff in affirming and culturally competent care, supported development of LGBTQIA+ friendly community meal programs, educated healthcare professionals on the unique needs of LGBTQIA+ older adults, and advanced LGBTQIA+ equality in local and national aging policy.

Our comment provides feedback on how the Administration for Community Living (ACL) and the aging network can advance equity by more effectively meeting the needs of LGBTQ+ older people and older people living with HIV, in alignment with Executive Order 13985, *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*.

We address how ACL can cement implementation of and build-on the LGBTQ+ inclusive language found in the 2020 reauthorization of the Older Americans Act (OAA), which requires the aging network to engage in outreach to LGBTQ+ older people, collect data on their needs, and collect data on whether the aging network is meeting their needs. This language is found in 42 U.S.C. §3026 Area Plans and §3027 State Plans. We also address how ACL can cement and build-on ACL’s [Guidance for Developing State Plans on Aging](#), which it released on August 5, 2021, and details how and why ACL believes that LGBTQ+ older people and older people living with HIV are greatest social needs populations, defined by the OAA as populations having “need caused by non-economic factors,” including, but not limited to, “cultural, social, or geographical isolation.”

It is critical that ACL cement the OAA outreach and data collection requirements, as well as the ACL guidance on greatest social need, in a consistent, explicit, and durable fashion in its upcoming OAA regulations. While flexibility is a hallmark of the OAA, consistency here is particularly important. Many Area Agencies on Aging (AAA) and State Units on Aging (SUA) have not implemented the 2020 OAA requirements or followed the ACL guidance, others are backsliding from prior inclusive policies. For LGBTQ+ older people and older people living with HIV, access to critical aging services and supports should not depend on the preferences or priorities of the AAA or SUA on which they rely. An LGBTQ+ older person living in rural Mississippi equally deserves the right to age in place as an LGBTQ+ older person living in New York City. Both deserve to have the same access to aging services and supports as their straight and cisgender counterparts. In addition to consistency, ACL must be explicit about what its State Plan requirements mean, so that the aging network has no doubt that all older people—including LGBTQ+ older people and older people living with HIV—are entitled to access to the services and supports that they need to remain independent. And finally, durability: it is critical that ACL codify in regulation the 2020 OAA requirements and ACL guidance so that whether the

aging network serves LGBTQ+ older people and/or older people living with HIV is not based on the whims of who might or might not lead any given administration.

We are writing to share how we have done the necessary work to collect data on and target services toward LGBTQ+ older people and older people living with HIV in Massachusetts. We hope that you can take the lessons learned to better meet the needs of the at-risk populations across the country.

In 2004, Massachusetts was the first to use Older Americans Act funding (Title III c) to support LGBTQ-friendly/focused congregate meal programs, thanks to advocacy by the LGBT Aging Project. Based on other well established affinity group models for congregate meal programs (shared language, traditional foods, cultural activities for Chinese, Indian, and Haitian older adults), the City of Boston's Area Agency on Aging (AAA) launched Café Emmanuel, a weekly congregate luncheon and social gathering for LGBTQ older adults and their friends, that continues to this day. As the Aging Project delivered LGBT cultural competency training to AAAs across Massachusetts, the LGBTQ friendly community meal program became an easily replicable model for delivering both much needed nutritious meals and socialization while building trust and engaging LGBTQ older adults with those host AAAs who already had experience and funding for community meal programs. The Aging Project assisted with outreach, and their partnership with the AAAs hosting these LGBTQ friendly cafes provided credibility to those LGBTQ older adults who were reluctant to engage with a mainstream elder service provider. Many of those who attended the cafes reported they were more likely to consider reaching out to those elder service organizations for additional elder services as needed, based on their positive experiences with the LGBTQ friendly cafes. Prior to the pandemic Massachusetts led the country with 23 LGBTQ friendly community cafe programs across the state (some monthly, some weekly). With the onset of the COVID 19 pandemic, many of these cafes became virtual gatherings, providing an important source of socialization for LGBTQ older adults, most of whom are aging alone.

In 2012, the Commonwealth's Executive Office of Elder Affairs was the first to designate LGBT elders as a population of greatest social need under the Older Americans Act. This led to inclusion of LGBTQ older adults as a priority population in AAA RFPs, and the funding of such services, as well as inclusion in AAA community needs assessments and plans.

The Aging Project's visionary advocacy for LGBTQIA+ inclusion produced first-in-the-nation legislation establishing the statewide Massachusetts Special Legislative Commission on LGBT Aging in 2013, and again in 2018, with a legislative mandate for LGBT cultural competency training throughout the Massachusetts statewide network of elder care providers. The Aging Project developed "LGBT Aging in Massachusetts," an interactive online learning module that fulfills this mandate and reaches an estimated audience of 200,000 providers. Regardless of where a LGBTQ older adult lives in Massachusetts, their care provider has received this training and is better able to care for them.

In 2016 the Massachusetts Executive Office of Elder Affairs (EOEA) incorporated sexual orientation and gender identity (SOGI) questions into the Consumer Data System that is used as the standard assessment tool for home care services. Including these questions as part of the standard interview assessment established the first opportunity to quantify the number of LGBTQ older adults that EOEA serves. However, when initially introduced as part of the assessment tool, some care management staff reported that they felt uncomfortable asking SOGI questions of older adults and their caregivers and that they frequently made assumptions about sexual orientation or gender identity based on appearance or based on other information provided in the interview. For this data collection to be accurate there must be adequate training for care management staff so that they understand why these questions are important and that they feel comfortable asking and explaining the purpose of SOGI questions to older adults and their caregivers. Additionally, LGBTQ older adults who are asked these questions must feel enough trust and safety at the time of interview to answer the questions honestly. Given the history of discrimination in health care, social services, housing, many may be reluctant to come out at their initial assessment for services or question who has this information, whether it is kept private, etc.

If you have any questions, please do not hesitate to follow up with Lisa Krinsky at 617-927-6229 or at [krinsky@fenwayhealth.org](mailto:krinsky@fenwayhealth.org).

Sincerely,

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