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

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RE: Request for New Information Collection for a Program Instruction on
Guidance for the Development and Submission of State Plans on Aging,
State Plan Amendments and Intrastate Funding Formula

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Dear Mr. Link:

The Fenway Institute and the LGBT Aging Project submit this letter in response to the Notice published in the Federal Register on June 21, 2016, which seeks comment regarding the inclusion of a provision in the Administration for Community Living's Program Instruction that would provide guidance regarding the obligation of State Units on Aging to target resources to older adult populations that have the "greatest economic and social need."

The Fenway Institute is the research division of Fenway Health, a federally qualified health center that serves about 30,000 patients each year in Boston, MA. The Fenway Institute works to make life healthier for lesbian, gay, bisexual, and transgender (LGBT) people, as well as people living with HIV/AIDS and the larger community. We do this through research and evaluation, education and training, policy analysis, and public health advocacy. The LGBT Aging Project at the Fenway Institute is dedicated to ensuring that LGBT older adults and caregivers have equal access to the life-prolonging benefits, services, and institutions that their neighbors take for granted. Through LGBT cultural competency training for mainstream elder service providers, community building for LGBT older adults themselves, and civic leadership, the LGBT Aging Project ensures that LGBT older adults can age with the dignity and respect that they deserve.

We commend ACL for this very constructive proposal, which expressly recognizes that sexual orientation and gender identity "can limit the degree to which older adults experience full inclusion in society and are able to access available services and supports." However, while the proposed guidance requires the states to describe approaches for assessing the need of isolated populations, we are concerned that it does not clearly require the states to assess the need of LGBT older adults.

The LGBT older adult population has heightened social need. The Older Americans Act (OAA) defines "greatest social need" as the need caused by "physical and mental disabilities" and by "cultural, social or geographic isolation, including isolation caused by racial or ethnic status." There is

substantial evidence that the LGBT older adult population has poorer physical and mental health outcomes than their heterosexual and cisgender peers. For example, aggregate data from 2003-2010 Washington State Behavioral Risk Factor Surveillance System showed that LGBT older adults had higher risk of physical disability and poor mental health outcomes compared to the general population.¹ Furthermore, LGBT elders are more likely to be isolated than their peers. A 2010 MetLife survey found that 33% of LGBT older adults lived alone, compared to only 18% of heterosexual older adults.² Most LGBT older adults are also without children.³

The LGBT older adult population has heightened economic need. The OAA defines “greatest economic need” as “the need resulting from an income level at or below the poverty line.” Research has shown that LGBT older adults are more likely to live in poverty than other older adults. Indeed, 15.9% of single gay men over 65 lived in poverty, compared to just 9.7% of single heterosexual men their age.⁴ Six percent of lesbian couples age 65 and older have incomes below the poverty line, compared to 3.5% for heterosexual married couples in the same age group.⁵

For many years, Services and Advocacy for GLBT Elders (SAGE) has called for the designation of LGBT older adults as a population of greatest social and economic need. In 2000, in its publication *Outing Age*, the National Gay and Lesbian Task Force called for the inclusion of LGBT elders in the OAA. Here in Massachusetts, the state’s Special Legislative Commission on LGBT Aging and many other elder service organizations have been supportive of addressing the needs of LGBT older adults. In 2012, Massachusetts became the first state to designate LGBT older adults as a population of greatest social need under the OAA.

While there has been modest success in addressing the needs of LGBT older adults in Massachusetts, more work needs to be done to ensure the well-being of LGBT older adults across the country. Although LGBT older adults are at heightened risk of greatest economic and social need, many are still not receiving the services they need to live independently. In fact, a 2010 Administration on Aging study found that LGBT older adults are 20% less likely than other older adults to access government services such as housing assistance, meal programs, food stamps, and senior centers. A 2014 study found

¹ Fredriksen-Goldsen, K.I., H.J. Kim, C. Emler et al. 2011. *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual and Transgender Older Adults*. Seattle, WA: Institute for Multigenerational Health.

² MetLife Mature Market Institute and American Society on Aging. 2010. *Still Out, Still Aging: The MetLife Study of Lesbian, Gay, Bisexual and Transgender Baby Boomers*. Westport, CT: MetLife. <http://www.lgbtagingcenter.org/resources/pdfs/StillOutStillAging.pdf>.

³ deVries, B. 2006. “Home at the End of the Rainbow: Supportive Housing for LGBT Elders.” *Generations* 29(4):64–9.

⁴ Badgett, M.V., Durso, L., Schneebaum, A. 2013. *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community*. The Williams Institute. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

⁵ *Ibid.*

that only 5 states offer congregate meal programs targeted toward LGBT elders.⁶ Such programs help strengthen social support networks for isolated LGBT elders.⁷ Despite this evidence, most other State Units on Aging are not making any systematic effort to assess and address the needs of LGBT older adults.

We strongly believe that a federal mandate requiring State Units on Aging to assess the needs of LGBT older adults is necessary to ensure the maximum inclusion of LGBT older adults in programs funded under the OAA. We therefore urge ACL to modify the proposed guidance to expressly require states to describe the actions taken to assess the needs of LGBT older individuals. While each state would retain the right to determine, based on the data collected, whether LGBT older adults have greatest economic and social need, we expect that after engaging in a comprehensive needs assessment, most states will conclude that they do. We further believe that, by targeting this population, states will ultimately save resources by allowing more LGBT older adults to live independently. We stand ready to assist in this effort.

Sincerely,

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⁶ Porter, K., and S. Cahill. 2014. "A State-Level Review of Diversity Initiatives in Congregate Meal Programs Established under the Older Americans Act." *Research on Aging*. doi:10.1177/0164027514552330.

⁷ Porter, K., S. Keary, A. Van Wagenen et al. 2014. "Social Network and Nutritional Value of Congregate Meal Programs: Differences by Sexual Orientation." *Journal of Applied Gerontology*. doi:10.1177/0733464814546042.