May 12, 2017

Heather Menne
U.S. Department of Health and Human Services
Administration for Community Living
Washington, DC 20201

RE: DEPARTMENT OF HEALTH AND HUMAN SERVICES, Administration for Community Living, Agency Information Collection Activities; Proposed Collection; Public Comment Request; Proposed Extension With Modifications of a Currently Approved Collection; National Survey of Older Americans Act Participants

Dear Ms. Menne:

On behalf of the American Psychological Association (APA), the largest association of psychologists in the United States, we are pleased to have this opportunity to comment on the National Survey of Older Americans Act Participants. With over 115,700 members, APA comprises clinicians, researchers, educators, consultants, and students nationwide and uses psychological practice and science to promote health, education, and human welfare.

We are extremely concerned about the suggested modifications to the 2017 National Survey of Older Americans Act Participants (NSOAAP) per the Federal Register notice on March 13, 2017. NSOAAP provides critical data on whether federally-funded aging programs such as home-delivered and congregate meals, family caregiver support, case management, and transportation and homemaker services reach all older adults. The proposed survey eliminates previously used demographic questions relating to the participant’s sexual orientation and gender identity (SOGI). In this comment, we urge the Administration for Community Living (ACL) to retain previously planned SOGI demographic questions in the 2017 survey.

Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults
Using its own data, ACL estimates that there are 1.8 to 4.0 million LGBT adults age 60 and older,¹ a number that may double as more ‘Baby Boomers’ reach retirement. This population is diverse in terms of race, ethnicity, socioeconomic status, geographic region, and urban/rural location. Each of these characteristics impacts the experiences of LGBT older adults, their access to services, and their decision to seek services.² ³ It is important to consider these intersecting identities when designing programs that will meet their needs.

LGBT older adults report having many unmet needs relating to physical and mental health care, legal concerns, housing, family issues, and social concerns.⁴ However, we know older LGBT adults underutilize health and social services.⁵ A 2010 Administration on Aging study found that LGBT older adults are 20
percent less likely than other older adults to access government services such as housing assistance, meal programs, food stamps, and senior centers. This may be due in part to the stigma of being both LGBT and older, reflected in an unwelcoming climate by service providers. In a national survey, nearly 80% of LGBT older adults and their caregivers felt that they could not be ‘out’ in long-term care facilities; others have expressed concerns about disclosing their sexual orientation and/or gender identity with their service providers. LGBT older adults have indicated that they would like service providers to undergo training on LGBT aging issues.

**LGBT Data Collection**

APA strongly supports including SOGI questions in federal population-based surveys. Since the Institute of Medicine recommended adding SOGI questions to federal surveys in 2011, federal agencies have made progress in doing so. Nevertheless, an October 2016 Office of Management and Budget report summarized the pressing need for SOGI data collection: “...there remains a lack of data on the characteristics of these groups. To understand the diverse needs of sexual and gender minority populations, more representative and better quality data need to be collected.”

The HHS LGBT Policy Coordinating Committee stated in their 2016 report that “there are many questions still left unanswered about LGBT health and human services, which is why improved data collection and coordination of research efforts will continue to be at the forefront of our efforts in this area.”

The report states that “collecting data [on sexual orientation and gender identity] and working with stakeholders will prove invaluable in informing the entire process [of minimizing barriers to access].”

Furthermore, LGBT Objective 1 for Healthy People 2020 is to increase the number of data collection instruments that include gathering SOGI data among their core questions. Inclusion of such questions in the NSOAAP allows for a better understanding of the unique circumstances LGBT adults face when accessing OAA funded services. Policymakers and advocates use this data to ensure OAA programs are reaching LGBT older Americans, and to also assess unmet needs and gaps in services. For example, many of today’s LGBT older adults experienced significant prejudice including discriminatory laws and lack of legal protections. The pervasive history of discrimination, economic vulnerability, and social marginalization necessitates full inclusion of LGBT people in our nation’s data collection efforts. Identifying LGBT individuals in regularly administered instruments increases the possibility of aggregating data over time and increasing sample sizes that can improve analytical capacity.

In conclusion, APA strongly encourages ACL to reinstate the deleted demographics questions, and to reaffirm the agency’s commitment to serving all older adults. That begins with a comprehensive NSOAAP that reveals whether OAA programs are reaching older LGBT Americans in need. If our Association can be of any further assistance, please contact Leo Rennie, MPA, in our Public Interest Government Relations office at lrennie@apa.org or (202) 682-5110.

Sincerely,

Clinton W. Anderson, Ph.D.
Interim Executive Director
Public Interest Directorate