



May 3, 2021

Office of Information and Regulatory Affairs
Office of Management and Budget
New Executive Office Bldg., Rm. 10235
725 17th St. NW,
Washington, DC 20503
Attn: OMB Desk Officer for ACL

Re: Agency Information Collection Activities; Submission for OMB Review; Public Comment Request; National Survey of Older Americans Act Participants, OMB # 0985-0023

Dear OMB Desk Officer for ACL:

Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (“SAGE”) and more than 70 other organizations appreciate the opportunity to comment on the proposed revision of the National Survey of Older Americans Act Participants (“Survey”). We applaud the decision by the Department of Health and Human Services’ Administration for Community Living (“ACL”) to maintain the Survey question on participants’ sexual orientation. Such data collection is essential to ensuring that older lesbian, gay, and bisexual adults receive needed services. That said, we encourage ACL to proceed expeditiously with incorporating a question (or questions) on participants’ gender identity into the Survey to ensure that older transgender adults—a population of especially great social and economic need—are targeted for receipt of OAA-funded services. Finally, we encourage ACL to make the results of both the current sexual orientation question and the anticipated gender identity question(s) publicly available as soon as feasible.

SAGE is the country’s oldest and largest organization dedicated to improving the lives of lesbian, gay, bisexual, and transgender (“LGBT”) older adults. In conjunction with 30 affiliates across the country, SAGE offers supportive services and consumer resources to LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older people, and provides training for agencies and organizations that serve LGBT older adults.

Background

ACL oversees more than \$2 billion in federal funds allocated annually under Title III of the Older Americans Act (“OAA”).¹ These funds are provided to the states to help cover the costs of a wide range of services—such as nutrition services, in-home services, transportation, legal services, elder abuse prevention, and caregiver support—that are critical to enable older adults to maintain their independence. Funding under the Act is distributed to 56 state agencies, more than 600 area agencies on aging, and 20,000 local service providers.² While OAA-funded programs are typically available to all adults over 60, states must target services towards “older individuals with greatest economic need and older individuals with greatest social need.”³

The OAA contains specific criteria for determining greatest social and economic need. These include need caused by “physical and mental disabilities” and by “cultural, social, or geographic isolation, including isolation caused by racial or economic status” that restricts the ability of an older individual to “perform normal daily tasks” or “live independently.”⁴ “Greatest economic need” is defined as “the need resulting from an income level at or below the poverty line.”⁵ As we further detail below, and as ACL has already found,⁶ LGBT older adults are at elevated risk of meeting these criteria.

Pursuant to OAA requirements, ACL annually conducts the National Survey of Older Americans Act Participants. The Survey measures the demographics, special needs, and social functioning of the individuals who receive OAA-funded services, providing a “portrait of who receives these services and how they assess the quality of the services received.”⁷ ACL uses this data to establish measurable performance outcomes, create national benchmarks, identify service gaps and areas for program improvements, and support budget requests.

In 2014, for the first time, ACL incorporated a set of questions on sexual orientation and gender identity into the Survey.⁸ As ACL explained at the time, LGBT people:

¹ See generally Cong. Res. Serv., *Older Americans Act: Overview and Funding* (Apr. 22, 2020), available at <https://crsreports.congress.gov/product/pdf/R/R43414>. Funding for the current year also includes supplemental COVID-19 funding.

² ACL, *Older Americans Act*, <https://acl.gov/about-acl/authorizing-statutes/older-americans-act> (last modified Apr. 8, 2021).

³ 42 U.S.C. § 3025(a)(2)(E).

⁴ 42 U.S.C. § 3002(24).

⁵ 42 U.S.C. § 3002(23).

⁶ ACL, *Older Americans Act* (expand the “Targeting” subsection within the *Frequently Asked Questions* section).

⁷ ACL, *Performance of Older Americans Act*, <https://acl.gov/programs/performance-older-americans-act-programs> (last modified Jan. 17, 2020).

⁸ Survey Instrument for Ninth National Survey of Older Americans Act Participants, at 100-01 (July 2, 2014), available at https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201404-0985-002.

[A]re more likely to suffer disparities in health and access to human service organizations. Therefore, information about the LGBT population is valuable to AoA’s Aging Network, as providers of Older Americans Act services can benefit from a greater understanding of this commonly underserved population; a population that may face unique health challenges and limited access to health care and social services.⁹

ACL continued to include these questions in the 2015 and 2016 Surveys.

In 2017, the agency initially sought to reverse course by omitting this set of questions entirely. Following pushback by SAGE and others, it partially reinstated the information collection, including a question on sexual orientation, but not the follow up questions that would have revealed information about gender identity.¹⁰

The current proposed information collection would retain the same question on sexual orientation, but, again, no questions on gender identity. Instead, ACL explains that it is supporting an ad hoc panel of the National Academies of Sciences, Engineering, and Medicine, which will “review current measures and the methodological issues related to measuring sex as a non-binary construct, gender identity, and sexual orientation.”¹¹ ACL will use that panel’s report, expected in December 2021, to test new survey questions and administrative data elements.¹²

Continuing to collect data about the sexual orientation of OAA service recipients is necessary to reach older adults with the greatest social and economic need.

We commend ACL for continuing to collect information regarding the sexual orientation of participants in OAA-funded programs.

LGBT older adults have a heightened risk of meeting the criteria for greatest social and economic need. ACL has previously acknowledged this risk as to greatest social need. Specifically, ACL expressly found that older LGBT individuals may be among the populations with “greatest social need” because “in some communities . . . isolation due to sexual orientation or gender identity may restrict a person’s ability to perform normal daily tasks or live

⁹ Supporting Statement for Ninth National Survey of Older Americans Act Participants, at 1-15 (July 2, 2014), https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201404-0985-002.

¹⁰ Supporting Statement for the Twelfth National Survey of Older Americans Act Participants, at A.8, p.1-8 (June 14, 2017) (hereinafter “2017 Supporting Statement”), *available at* https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201706-0985-002.

¹¹ Agency Information Collection Activities; Submission for OMB Review; Public Comment Request; National Survey of Older Americans Act Participants, 86 Fed. Reg. 17153, 17155 (Apr. 1, 2021).

¹² *Id.*

independently.”¹³ Further, due to their disproportionate poverty, LGBT older adults also are more likely to meet the criteria for greatest economic need.

As research shows, LGBT older adults have worse mental and physical health compared to heterosexual and cisgender older adults,¹⁴ and LGBT older adults have experienced high rates of lifetime discrimination and physical and verbal abuse in relation to their sexual and gender identity.¹⁵ Further, lifetime disparities in earnings, employment, and retirement saving opportunities put LGBT older adults at risk of financial instability and poverty.¹⁶ Many LGBT older adults rely on informal care and support; they are more likely to live alone and less likely to have children to help them than their heterosexual and cisgender peers.¹⁷ Many may also be estranged or concealing their sexual orientation or gender identity from biological families due to fear of rejection.¹⁸ The COVID-19 pandemic has exacerbated these needs, as research, including from the Centers for Disease Control, shows that the LGBT community is particularly vulnerable to serious illness related to COVID-19 infection.¹⁹

Despite their significant need, many LGBT elders are not receiving the services and supports they need to live independently. Indeed, LGBT older adults are “20% less likely than their heterosexual peers to access government services such as housing assistance, meal

¹³ ACL, *Older Americans Act* (expand the “Targeting” subsection within the *Frequently Asked Questions* section).

¹⁴ Soon Kyu Choi & Ilan H. Meyer, *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*, 24-29, Williams Institute (Aug. 2016), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Aging-Aug-2016.pdf> (“Williams LGBT Aging Report”).

¹⁵ *Id.* at 3, 13-14.

¹⁶ *Id.* at 8-10; see also M.V. Lee Badgett et al., *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community*, Williams Inst. (June 2013), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Poverty-LGB-Jun-2013.pdf>. Studies also find that same-sex couples have higher rates of poverty compared to heterosexual married couples. See Choi & Meyer, *supra*, at 10. Lesbian couples over age 65, in particular, are twice as likely to be in poverty as heterosexual couples. Similarly, research finds that LGBT seniors are more likely to experience food insecurity than non-LGBT seniors. Taylor N.T. Brown et al., *Food Insecurity and SNAP Participation in the LGBT Community*, Williams Inst. (July 2016), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Food-Insecurity-SNAP-July-2016.pdf>

¹⁷ *Williams LGBT Aging Report* at 8.

¹⁸ *Id.*

¹⁹ Kevin C. Heslin and Jeffrey E. Hall. *Sexual Orientation Disparities in Risk Factors for Adverse COVID-19–Related Outcomes, by Race/Ethnicity — Behavioral Risk Factor Surveillance System, United States, 2017–2019*, 5 Morbidity & Mortality Wkly. Rep. 70, 149–154 (Feb. 5, 2021), <http://dx.doi.org/10.15585/mmwr.mm7005a1>; see also Charlie Whittington, et al., *The Lives & Livelihoods of Many in the LGBTQ Community are at Risk Amidst the COVID-19 Crisis*, Human Rights Campaign Foundation, <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?mtime=20200811115717&focal=none>.

programs, food stamps, and senior centers.”²⁰ There are two primary reasons for this. First, LGBT older people are challenged in “finding trained, qualified, and culturally sensitive health providers.”²¹ And, second, fear of discrimination makes many LGBT elders reluctant to access available healthcare and housing services and supports.²² Given all of this, many LGBT older people would stand to benefit from OAA programs and services.

Accordingly, we applaud ACL’s decision to continue to collect data about the sexual orientation of participants in OAA-funded programs. This data enables ACL to assess the needs of lesbian, gay, and bisexual older adults and the extent to which those needs are being met. Based in part on this analysis, state elder affairs departments and AAAs can target OAA funds to older adults that they consider to be populations with greatest social and economic need, including LGB older adults.

ACL should proceed expeditiously to add question(s) on the gender identity of OAA service recipients to the Survey.

Transgender older adults are at an even higher risk of meeting the OAA criteria of greatest social and economic need, making the addition of a Survey question identifying them especially urgent.

As to the greatest social need criteria, first, transgender older adults have a higher risk than other LGB older adults of poor physical health and disability.²³ Transgender women, in particular, have a high prevalence of HIV, which not only presents health challenges, but also increases their difficulty finding social support and creates additional barriers to care.²⁴ Specifically, Black and Latina transgender women experience the highest rates of HIV prevalence.²⁵ Transgender older adults also report higher rates of psychological distress and

²⁰ *Williams LGBT Aging Report* at 6 (citing LGBT Movement Advancement Project (“MAP”) & SAGE, *Improving the Lives of LGBT Older Adults* (Mar. 2010), <https://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf>; Sara J. Czaja et al., *Concerns about Aging and Caregiving Among Middle-Aged and Older Lesbian and Gay Adults*, 20 *Aging & Mental Health* 1107 (Nov. 2016).

²¹ *Williams LGBT Aging Report* at 29.

²² *Id.* at 29-30; Kelly Abel Knochel et al., *Ready to Serve? The Aging Network and LGB and T Older Adults*, 14 (Dec. 2010), available at <https://www.lgbtagingcenter.org/resources/pdfs/ReadyToServe.pdf>; Justice in Aging, *LGBT Older Adults in Long-Term Care Facilities: Stories from the Field*, 17 (June 2015), available at <https://justiceinaging.org/wp-content/uploads/2015/06/Stories-from-the-Field.pdf>.

²³ *Williams LGBT Aging Report* at 3.

²⁴ *Id.* at 27-28; MAP & SAGE, *Understanding Issues Facing LGBT Older Adults*, 15 (May 2017), <https://www.lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf>.

²⁵ Centers for Disease Control and Prevention. *HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women—National HIV Behavioral Surveillance*, 7 U.S. Cities, 2019–2020. HIV Surveillance Special Report 27. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published April 2021. Accessed April 27, 2021.

depression,²⁶ and are even more likely to have suicidal thoughts,²⁷ than other LGB older adults. These poor mental health outcomes result from heightened victimization, discrimination, lack of support, and stigma associated with gender non-conformity.²⁸

The COVID-19 pandemic has compounded these needs. Just as with the broader LGBT community, transgender older adults in particular have significant vulnerability to COVID-19 in part because of their increased likelihood of having preexisting vulnerabilities to serious illness (e.g. underlying health conditions and limited access to healthcare).²⁹

Second, transgender older adults are even more likely than other LGB older adults to face cultural, social or geographic isolation. They are less likely to have support networks of friends, family, and children—the networks on which many other older adults rely as they age. For instance, only 35 percent of transgender women age 50 and older are married or partnered, compared to 50 percent of lesbians in the same age group.³⁰ As a result, transgender older adults report disproportionately high levels of loneliness.³¹

The process of transitioning one’s gender presentation and/or sex characteristics to align with a gender identity that differs from the one assigned at birth often leads to significant social isolation. Twenty percent of transgender older adults above the age of 65 report having a spouse or partner end the relationship with them because of their transgender identity.³²

As to the criteria for greatest economic need, transgender older adults are especially likely to have incomes at or below the poverty line. Transgender individuals report high rates of unemployment and low wages.³³ A 2019 Williams Institute analysis of Gallup poll data found that 29% of transgender respondents were poor, nearly twice the rate of poverty among

²⁶ *Williams LGBT Aging Report* at 3, 15.

²⁷ *Id.* at 3. See also Jody L. Herman et al., *Suicide Thoughts and Attempts Among Transgender Adults: Findings from the 2015 U.S. Transgender Survey*, Williams Inst. (Sept. 2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Suicidality-Transgender-Sep-2019.pdf>.

²⁸ *Williams LGBT Aging Report* at 27.

²⁹ Jody L. Herman & Kathryn O’Neill, *Vulnerabilities to COVID-19 Among Transgender Adults in the U.S.* 1, Williams Inst. (Apr. 2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-COVID19-Apr-2020.pdf>.

³⁰ MAP & SAGE, *Understanding Issues Facing LGBT Older Adults* at 12.

³¹ *Williams LGBT Aging Report* at 6.

³² Sandy E. James et al., *The Report of the 2015 U.S. Transgender Survey*, 65, Nat’l Ctr. for Transgender Equal. (Dec. 2016) (hereinafter “*2015 U.S. Transgender Survey*”), <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>.

³³ *Williams LGBT Aging Report*, at 10.

cisgender, heterosexual people (16%).³⁴ High rates of transgender poverty and financial instability have been exacerbated by the COVID-19 pandemic.³⁵

Accordingly, transgender older adults have an especially high risk of meeting the criteria for greatest social and economic need. Making this problem worse, they are especially unlikely to receive the services and support they need to live independently. This reflects both the particularly acute shortage of culturally competent providers able to meet the specialized needs of transgender older adults³⁶ and the especially great fear of discrimination faced by this population. Transgender older adults have experienced high rates of discrimination in healthcare settings.³⁷ Transgender people face unique challenges because many “health providers ‘may lack knowledge about transgender and intersex anatomy . . . and appropriate behavior dealing with . . . elderly . . . LGBT individuals.’”³⁸ Older adults who transition later in life face additional challenges. For example, because older adults have often developed chronic medical conditions, including high blood pressure and cardiovascular disease, gender reassignment surgeries are riskier and could exacerbate any preexisting conditions.³⁹

The fear that many transgender older adults experience is compounded by the fact that – unlike many of their lesbian, gay, and bisexual counterparts – many transgender individuals cannot conceal their sexual minority status from health professionals, as their bodies may reveal scars or other evidence of their gender identity.⁴⁰ Because of this, transgender individuals are more susceptible to discrimination and abuse by health professionals. This is especially true for

³⁴ Badgett MVL, Choi SK, Wilson BDM (2019). *LGBT Poverty in the United States: A Study of Differences Between Sexual Orientation and Gender Identity Groups*. Los Angeles, CA: UCLA School of Law, The Williams Institute, <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf>.

³⁵ See generally *The Economic Impact of COVID-19 Intensifies for Transgender and LGBTQ Communities of Color*, Human Rights Campaign Foundation, https://assets2.hrc.org/files/assets/resources/COVID19-EconImpact-Trans-POC-061520.pdf?_ga=2.55601195.1603139664.1619055949-1540535173.1618934151.

³⁶ Jie Yang et al., *Predicting Perceived Isolation Among Midlife and Older LGBT Adults: The Role of Welcoming Aging Service Providers*, 58 *The Gerontologist* 904, (Sept. 2018).

³⁷ *Williams LGBT Aging Report*, at 3, 7. *2015 U.S. Transgender Survey* at 93 (33 percent of transgender people surveyed “reported having at least one negative experience with a health care provider in the past year related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.”).

³⁸ MAP & SAGE, *Improving the Lives of LGBT Older Adults*, 35 (quoting Public Advocate for the City of New York, *Improving Lesbian, Gay, Bisexual and Transgender Access to Health Care at New York City Health and Hospitals Corporation Facilities* (2008)).

³⁹ Carina Storrs, *Gender Transitioning for Seniors Has Unique Challenges*, CNN (June 3, 2015), <https://www.cnn.com/2015/06/03/health/senior-gender-transition>.

⁴⁰ *Williams LGBT Aging Report* at 8.

transgender older adults, who seek more frequent and intimate healthcare due to age-related physical conditions and disabilities.⁴¹

Despite the especially great need that many transgender older adults experience, research about this population is limited.⁴² Transgender older adults are absent from many relevant studies that have been conducted about the LGBT community, as well as from other federal surveys, such as the decennial census. And many studies that do include transgender older adults use small sample sizes and focus their analyses on measures that are applicable to all LGBT older adults.⁴³ Nor is measuring sexual orientation sufficient to reveal the needs of transgender older adults. While some studies have conflated these identities, doing so often results in misclassification; accordingly researchers recommend that “data should be collected on sexual orientation and gender identity in order to fully study and understand the health disparities people face.”⁴⁴

Given the especially high risk of greatest social and economic need faced by transgender older adults, the great risk that they will not access the services and supports they need to live independently, and the paucity of data, the need for ACL to collect data about the gender identity of participants in OAA-funded programs is especially great. We encourage ACL to work as expeditiously as possible to include questions revealing gender identity in future years of the Survey.

ACL should resolve any concerns about data quality for the Survey question on sexual orientation and promptly make both this data and data from any future Survey question on gender identity available to the public as soon as is feasible.

We also encourage ACL to make the data on sexual orientation available to the public as soon as is feasible. ACL does not currently do so, as it explains, because of a small sample size and a large statistical measure of standard error.⁴⁵ We respectfully request that ACL continue its “work[] to refine these questions (with other experts in the field), adjust the sample size and obtain an acceptable level of standard error measurement” in order to make the data about the sexual orientation of service recipients available, as it states it intends to do.⁴⁶

In order to address concerns about small numbers of LGBT respondents to date, ACL should oversample LGBT respondents, and complement survey data with qualitative data from focus groups and/or key informant interviews with LGBT older adults. Other approaches could include pooling data over several administrations of the surveys, and/or refining the questions to

⁴¹ *Id.*

⁴² *Id.* at 3.

⁴³ *Id.* at 33-34.

⁴⁴ Sari Reisner et al., “Counting” *Transgender and Gender-Nonconforming Adults in Health Research: Recommendations from the Gender Identity in US Surveillance Group*, 1 *Transgender Studies Q.* 34, 41 (Feb. 2015).

⁴⁵ ACL, Download, <https://agid.acl.gov/DataFiles/NPS/Files.aspx?year=2019&serviceid=5> (last visited Apr. 22, 2021).

⁴⁶ *Id.*

improve the response rate. There are representative, large scale surveys that have successfully included questions about gender identity, including some that have older adult respondents.⁴⁷ We encourage ACL to pursue such alternative approaches, perhaps in tandem with recommendations from the report being developed by the National Academies of Sciences, Engineering, and Medicine panel referenced above to resolve any data quality issues promptly.

Making this data publicly available is a pressing need. There is a significant lack of data on LGBT older adults—as mentioned above, especially on transgender older adults—that compounds the difficulty in assessing their needs and providing appropriate services.⁴⁸ As the Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys cogently explained, “there remains a lack of data on the characteristics and well-being” of sexual and gender minority (SGM) populations and “[i]n order to understand the diverse need of SGM populations, *more representative and better quality data need to be collected.*”⁴⁹ The data currently available to the public enables researchers, policymakers, and advocates to map the broad contours of the experiences of LGBT older people and has revealed numerous areas of concern that warrant further investigation. But this data is not yet sufficient to adequately assess the need for policies directed at LGBT older people.

If this Survey data were publicly available, researchers, social service organizations, and advocates could rely on it for their efforts to understand and serve LGBT seniors. For example, SAGE regularly publishes studies on the needs and experiences of LGBT older adults and would have enhanced ability to do so with publicly available data from the Survey. In addition, organizations interested in seeking public funding to support programs designed to improve the wellbeing of the LGBT population are at a competitive disadvantage, because they lack government statistics that can help to define the size and needs of their service population. Indeed, as various signatories to this letter describe their need for and anticipated use of this data:

- We could provide tailored services because we get OAA funding. (Los Angeles LGBT Center).

⁴⁷ These include the California Health Interview Survey, the General Social Survey, the Behavioral Risk Factor Surveillance System survey, the Youth Risk Behavior Survey, the Health Center Patient Survey, the National Adults Tobacco Survey, the Population Assessment of Tobacco and Health, the National HIV Behavioral Surveillance survey, the National Intimate Partner and Sexual Violence Survey, the National Crime Victimization Survey, and the National Inmate Survey.

⁴⁸ *Williams LGBT Aging Report* at 8; Reisner et al., “Counting” *Transgender and Gender-Nonconforming Adults in Health Research*. 34.

⁴⁹ Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys, *Toward a Research Agenda for Measuring Sexual Orientation and Gender Identity in Federal Surveys: Findings, Recommendations, and Next Steps*, 2 (Oct. 20, 2016), https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/242/2014/04/SOGI_Research_Agenda_Final_Report_20161020.pdf.

- Black transgender elders have a variety of needs anecdotally but having data would allow us to better advocate for services and programs that would better serve our community. (National Black Justice Coalition).
- The data will allow us to understand experiences of transgender older adults which can inform our advocacy for elder services for this population. As a health center, it will inform our case management with transgender patients. (The Fenway Institute).
- The data would guide our outreach efforts and will provide the basis to advocate for programming and funding. (Waves Ahead Puerto Rico).
- Any information we can gather to determine if service recipients are relying on domestic partners, family members, or others close to them for support and if they are eligible for or need “caregiver” related services would be very useful to understanding the care ecosystem more clearly. (National Alliance for Caregiving).
- This data would allow us to identify the ways in which programs are being affirming of transgender people and to identify potential interventions (added funding, training, etc.). (Movement Advancement Project).
- FORGE’s Transgender Aging Network provides training, technical assistance, and publications nationwide to help aging service providers better serve transgender elders; this data would be invaluable in helping understand where we are — and aren’t — reaching transgender elders. (FORGE Transgender Aging Network).
- It would help us to know where to reach out to offer services. (SAGE Central North Carolina).
- Data that reflects transgender elders will help us secure urgent funding for our transgender community. Two of our most recent clients have transitioned in the last 3 years and as a result lost their jobs, families, and homes. As a result of age and LGBT discrimination it has been difficult for them to find resources, care, and support. (Metro Inclusive Health).
- It would allow us to know how many transgender people need services for housing. (Mary’s House For Older Adults).
- This data would support outreach and education for health care and senior service providers and program development for meeting the needs of an at-risk population of older adults. (SAGE-RI).
- Knowing what services are reaching transgender older adults, and the efficacy of those services, is paramount to ensuring equal access to the provisions of the Older Americans Act. (SAGE of PROMO Fund).
- In public policy, we know that if we have no data, we have no funding. It is vital that we give communities a platform in which they can share what they need and expect from government. Effective policy making should be rooted in the input of communities that are impacted by such policies—and it has been far too long for transgender people to be excluded in such data collection. (The National Center for Transgender Equality).

- We know that as many as 50% of transgender people may be parents.⁵⁰ When our transgender elders are discriminated against in needed taxpayer-funded services, it creates burdens for their children that other families do not face. Family Equality needs this data based on gender identity and sexual orientation to identify the needs of our elders and their families. (Family Equality).
- Transgender data will show where programs and services are needed throughout any geographic region, to close gaps in existing services. Without data inclusion there are no numbers, without numbers there is no funding. (The Gay Elder Circle).
- Consistent, population-wide data on sexual orientation, gender identity and intersex characteristics would significantly assist our Community Health programs. It would provide benchmark data to help us assess which at-risk populations we are reaching and failing to reach with our disease prevention and health promotion initiatives, to improve the effectiveness of our efforts. (Whitman-Walker Institute).

With respect to OAA programs in particular, because states lack reliable data about the needs of LGBT older adults, most of them are not making any effort to reach out to this population.⁵¹ For example, in 2016, when ACL considered requiring state aging agencies to describe their efforts to assess and meet the needs of LGBT older adults, some state agencies expressed concern that they would be unable to do so because they lacked sufficient data to even identify this population.

Accordingly, we encourage ACL to resolve its concerns about data quality as soon as is feasible and commit to publishing the results of the current sexual orientation question and the anticipated gender identity survey question(s) on a regular basis. If you have any questions or would like to discuss the information in this comment, please contact Robin F. Thurston, Counsel for SAGE, at 202-701-1775 or rthurston@democracyforward.org.

Respectfully submitted,

SAGE
 AIDS Healthcare Foundation
 Alzheimer's Association and Alzheimer's Impact Movement
 American Psychological Association
 Athlete Ally
 Austin LGBT Coalition on Aging
 BiNet USA
 Boiz of Austin

⁵⁰ Rebecca L. Stotzer, Jody L. Herman, & Amira Hasenbush, *Transgender Parenting: A Review of Existing Research*, Williams Institute (Oct. 2014), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Parenting-Review-Oct-2014.pdf>.

⁵¹ Indeed, according to a recent study conducted for SAGE: The State Plans filed by 29 States make *no reference whatsoever* to LGBT older adults. An additional 10 State Plans have isolated reference to LGBT older adults, but do not address specific actions being taken to reach and target this population. Only 12 States and the District of Columbia specifically address efforts to reach out and target LGBT older adults.

Center for American Progress
Center for LGBTQ Economic Advancement & Research (CLEAR)
CenterLink: The Community of LGBT Centers
Embrace Austin
Equality California
Family Equality
FORGE Transgender Aging Network
GAAMC
Gay Elder Circle
Gerontological Society of America
GLMA: Health Professionals Advancing LGBTQ Equality
GMHC
Howard Brown Health
Hudson Pride Center
Hudson Valley LGBTQ Community Center
Human Rights Campaign
interACT: Advocates for Intersex Youth
Justice in Aging
Lambda Legal
LGBT Aging Project, Fenway Health
LGBT Elder Initiative at the William Way Community Center
Los Angeles LGBT Center
Mary's House For Older Adults
Mazzoni Center
Medicare Rights Center
Metro Inclusive Health
Movement Advancement Project
NASTAD
National Alliance for Caregiving
National Asian Pacific Center on Aging
National Association for Hispanic Elderly
National Association of Social Workers (NASW)
National Black Justice Coalition
National Center for Transgender Equality
National Coalition for LGBT Health
National Equality Action Team (NEAT)
National Hispanic Council on Aging
National LGBT Cancer Network
National LGBTQ Task Force
NMAC (Formally known as the National Minority AIDS Council)
Out & Equal Workplace Advocates
Pennsylvania Commission on LGBTQ Affairs
PFLAG National
Planned Parenthood Federation of America
PowerOn, a program of LGBT Technology Institute
Pride at Work

Rainbow Health Minnesota
SAGE Central North Carolina
SAGE Jersey City
SAGE New Orleans
SAGE of PROMO Fund
SAGE Upstate
SAGE-RI
Tacoma Older LGBT
The Fenway Institute
The Gerontological Society of America
The National Black Justice Coalition
THRIVE SS, Inc.
TPAN
Transgender Law Center
Transgender Legal Defense and Education Fund
Utah Pride Center
Waves Ahead Puerto Rico
Whitman-Walker Institute