DEMOCRACY FORWARD

July 2, 2021

Shalanda Young
Acting Director
Office of Management and Budget
725 17th St. NW,
Washington, DC 20503

Re: Office of Management and Budget, Executive Office of the President, Request for Information, Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government, Docket OMB_FRDOC_0001

Dear Acting Director Young:

Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE) appreciates the opportunity to provide information to the Office of Management and Budget (OMB) regarding inequities in government access. 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.

We write to provide information on Areas 1 and 2 of the request for information. As to Area 1, we recommend that federal agencies expand and make consistent data collection regarding sexual orientation and gender identity. For Area 2, we provide several recommendations from a budget proposal submitted as a part of the Diverse Elders Coalition to increase equitable access to care and services for older adults who are people of color and/or LGBT. Specifically, we recommend additional funding for the Department of Health and Human Services' Administration for Community Living (ACL) and the National Resource Center on LGBT Aging (NRC)[1] to develop particular programs that would advance equitable access to care and services for LGBT older adults. We also recommending funding a program to train healthcare and social service providers to identify and address caregiving challenges faced by underserved communities.

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[1] SAGE has been funded by ACL to run the NRC since 2010. The NRC is the first and only resource center dedicated to improving the lives of LGBT older adults. It provides publications, fact sheets, guides, and assistance on the many topics relevant to LGBT aging. For more information, *see* https://www.sageusa.org/what-we-do/national-resource-center-on-lgbt-aging/.

Aging does not happen equitably. Research shows that LGBT older adults face unique challenges in aging compared to their cisgender, heterosexual peers.[2] LGBT older adults have worse mental and physical health compared to heterosexual and cisgender older adults.[3] They have experienced high rates of lifetime discrimination and physical and verbal abuse in relation to their sexual and gender identity.[4] Further, lifetime disparities in earnings, employment, and retirement saving opportunities put LGBT older adults at risk of financial instability and poverty.[5] LGBT older adults are more likely to live alone and less likely to have children to help them than their heterosexual and cisgender peers.[6] Many may also be estranged or concealing their sexual orientation or gender identity from biological families due to fear of rejection.[7] This isolation from traditional family support while aging results in a significant need for informal care and support.[8]

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[2] Soon Kyu Choi & Ilan H. Meyer, *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*, Williams Institute (Aug. 2016), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Aging-Aug-2016.pdf (*Williams LGBT Aging Report*); Robert Espinoza, *Older LGBTQ+ Adults Deserve Comprehensive Policy Interventions*, The Regulatory Review (June 24, 2021), https://www.theregreview.org/2021/06/24/espinoza-older-lgbtq-adults/.

[3] *Williams LGBT Aging Report* at 24-29.

[4] *Id.* at 3, 13-14.

[5] *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* note 2, at 10. 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.

[6] *Williams LGBT Aging Report* at 8; *see also* SAGE, *Out & Visible, The experiences and attitudes of lesbian, gay, bisexual and transgender older adults, ages 45-75*, 9 (2014), https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-out-visible-lgbt-market-research-full-report.pdf (*Out & Visible*).

[7] *Id.*

[8] A survey based in the Midwest found that LGBT older adults on average received more types of care from families of choice than from their biological families. Brennan-Ing et al., *Social care networks and older LGBT adults: challenges for the future*. Journal of Homosexuality, 61(1), 21-52 (2014). With more limited ties to biological family, "family of choice" ties, based on friendship and commitment, are prominent in LGBT communities. Weeks, J., Heaphy, B., & Donovan, C. *Same sex intimacies: family of choice and other life experiments*. (2001). London: Barker, J.C., Herdt, G., & de Vries, B. (2006). Barker, J.C., Herdt, G. & de Vries, B. *Social support in the lives of lesbians and gay men at midlife and later*. Sex Res Soc Policy 3**,** 1–23 (2006). https://doi.org/10.1525/srsp.2006.3.2.1.

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 programs, food stamps, and senior centers."[9] There are two primary reasons for this. First, LGBT older people are challenged in "finding trained, qualified, and culturally sensitive health providers."[10] And, second, discrimination and fear of encountering it makes many LGBT older people reluctant to access available healthcare and housing services and supports.[11]

We make the following recommendations for federal agencies to better assess and respond to these significant inequities faced by a particularly vulnerable population.

Area 1: Federal agencies should expand and make consistent data collection regarding sexual orientation and gender identity to better assess equity in agency programs, particularly in the National Survey of Older Americans Act Participants and the National Adult Maltreatment Reporting System.

We recommend that federal agencies expand and make consistent data collection regarding sexual orientation and gender identity. Complete and accurate data is essential for federal policy makers to identify inequities in federally funded programs and services. But comprehensive data on LGBT people in the United States generally, and LGBT older adults in particular, is sorely lacking. 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*."[12]

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[9] *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)).

[10] Williams LGBT Aging Report at 29.

[11] *Id.* at 29-30; Kelly Abel Knochel et al., *Ready to Serve? The Aging Network and LGB and T Older Adults*, 14 (Dec. 2010), 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), https://justiceinaging.org/wp-content/uploads/2015/06/Stories-from-the-Field.pdf.

[12] Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys ("SOGI Working Group"), 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 (emphasis added).

While the federal government has taken steps to advance LGBT data collection, these steps have been too slow in the face of significant ongoing inequities. For example, in 2016, OMB recognized the dearth of LGBT identity data and engaged a working group to study its collection.[13] While we commend the goals in doing so, **we encourage relevant agencies to move quickly past additional study of collection methods and towards implementing new data collections.** While additional study will, of course, further refine our knowledge about how to collect data, we know enough to expand federal data collection to include LGBT identity and related information *now*. Among the currently available resources on data collection methods, the Williams Institute, in partnership with scholars from across the country, has published the best practices reports for sexual orientation and gender identity data collection respectively.[14] These reports, among others, show that sexual orientation and gender identity can be measured accurately.

Nevertheless, despite scholarly understanding of how to collect and evaluate LGBT identity data correctly, there are currently no uniform standards for data collection based on sexual orientation and gender identity across federal agencies. This omission makes updating individual surveys and other data collection instruments more difficult and time-consuming. To reduce this barrier to improved data collection, **OMB should support federal agencies in using available research to incorporate uniform demographic data collection methods and standards on sexual orientation and gender identity.**

Federal agencies should include data collection on sexual orientation and gender identity in federal surveys widely. Examples of key surveys currently omitting this information include: the Census and the American Community Survey, the Department of Labor's Current Population Survey, and the national injury surveillance systems (HHS's National Vital Statistics System, National Intimate Partner and Sexual Violence Survey, and Healthcare Cost and Utilization Project; the Department of Justice's National Incident Based Reporting System and Supplementary Homicide Reports; and the Department of Transportation's National EMS Information System).

Of particular concern to SAGE, the National Survey of Older Americans Act Participants (NSOAAP) should be modified to assess and enhance equity in transgender older adults' access to aging services and supports. HHS's Administration for Community Living (ACL), which

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[13] SOGI Working Group, Evaluations of Sexual Orientation and Gender Identity Survey Measures: What Have We Learned? (Sept. 23, 2016), https://dpcpsi.nih.gov/sites/default/files/Evaluations_of_SOGI_Questions_20160923_508.pdf.

[14] Sexual Minority Assessment Research Team (SMART), *Best Practices for Asking Questions about Sexual Orientation on Surveys* (Lee Badgett and Naomi Goldberg eds., Williams Institute 2009), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Best-Practices-SO-Surveys-Nov-2009.pdf; The GenIUSS Group, *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys* (Jodi L. Herman ed., Williams Institute 2014), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Survey-Measures-Trans-GenIUSS-Sep-2014.pdf.

administers the survey, is clear that the data is necessary for addressing equity in access to aging services and healthcare. As previously explained in the supporting statement for the survey's reauthorization, LGBT people:

> [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.[15]

The NSOAAP currently includes a question on sexual orientation. While it formerly included a question on gender identity, that question was removed in 2017, and has not been reinstated. We understand that ACL is committed to reinstating the gender identity question, and intends to do so after an ad hoc panel of the National Academies of Sciences, Engineering, and Medicine completes its ongoing "review [of] current measures and the methodological issues related to measuring sex as a non-binary construct, gender identity, and sexual orientation."[16] The report is expected in December 2021.[17] **SAGE requests that ACL act as quickly as possible thereafter to reinstate the essential NSOAAP gender identity question.**

Another ACL data collection effort, the National Adult Maltreatment Reporting System (NAMRS), could similarly be improved to better address inequitable treatment of LGBT older adults. The reporting system collects data on the maltreatment of older adults and adults with disabilities from adult protective services programs. Many LGBT older adults live in residential long-term care as a result of their acute social isolation and thin support networks[18], making them vulnerable to maltreatment.[19] NAMRS collects demographic data on gender identity of the victim—although it is incomplete in that it lists only "male," "female," or "transgender" as the options, not distinguishing between transgender men and transgender women, or other gender

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[15] Westat, Supporting Statement A for Ninth National Survey of Older Americans Act Participants, at 1-15 (July 17, 2014), https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201404-0985-002.

[16] 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).

[17] *Id*.

[18] "LGBTQ older adults are disproportionately more likely to live alone than heterosexual seniors and are at a much higher risk for disability, poverty, homelessness, social isolation, depression, alcohol dependence, financial disparity, housing deficiencies and premature institutionalization." Jennifer M. Boggs, et al., *Perspectives of LGBTQ Older Adults on Aging in Place: A Qualitative Investigation*, J Homosex; 64(11): 1539–1560 (2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6166662/pdf/nihms-1501206.pdf.

[19] Justice in Aging, *LGBT Older Adults in Long-Term Care Facilities: Stories from the Field*, 17 (June 2015), https://justiceinaging.org/wp-content/uploads/2015/06/Stories-from-the-Field.pdf.

identities.[20] The System does not collect data on the sexual orientation of the victims, a substantial omission. The lack of data makes it difficult, if not impossible, to track maltreatment of older lesbian, gay, and bisexual adults, or to have a complete understanding maltreatment of transgender adults. **Accordingly, SAGE recommends that the NAMR data collection be modified to include sexual orientation and updated to collect complete gender identity information.**

Area 2: Federal agencies should advance equitable access to care and services for LGBT older adults through funding new programs.

As discussed, LGBT older adults face severe inequities in aging, which are compounded for LGBT older adults who are also members of racial or ethnic minorities. Recognizing this crisis, the Diverse Elders Coalition — the leading national advocacy body representing and advocating for the combined interests and concerns of racially and ethnically diverse elders, older American Indians and Alaska Natives, and LGBT elders, of which SAGE is a member — has proposed an investment of $450 million over 8 years to increase equitable access to care and services for older adults who are people of color and/or LGBT.

In this comment, SAGE provides an overview of the proposals directed towards LGBT older adults, as well as our recommended expansion of a pilot program for a cross-communities caregivers support initiative. We urge federal agencies to adopt the entire funding proposal (not just the LGBT initiatives) to target inequity broadly. While this comment provides a brief overview of the proposed new programs, we would be happy to provide any additional information that would be helpful. The entire proposal, including precise funding recommendations, is available in the attached *Infrastructure Funding Proposal for Diverse Elder Communities*.

a) The Administration for Community Living should increase LGBT access to its Eldercare Locator service and support targeted case management for LGBT older adults.

Family caregivers often help connect older adults to home and community-based services. LGBT+ older adults disproportionately do not have this support. They are four times less likely than older Americans in general to have children, twice as likely to grow old single and living alone, and much more likely to be disconnected from their families of origin.[21] As a result of this lack of family support in accessing services, in addition to limited cultural

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[20] NAMRS, OMB Control No. 0985-0054, Key Indicators Component Data (Feb. 28, 2017), https://acl.gov/programs/elder-justice/national-adult-maltreatment-reporting-system-namrs (Key Indicators Component link). HHS Office of the Assistant Secretary for Planning and Evaluation, Development of a National Adult Protective Services Data System: NAMRS Pilot Final Report (Volume 1) (Sept. 25, 2015), https://aspe.hhs.gov/report/development-national-adult-protective-services-data-system-namrs-pilot-final-report-volume-1 (Key Indicators component section).

[21] Movement Advancement Project and SAGE, *Improving the Lives of LGBT Older Adults* (Mar. 2010), https://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf.

competency from service providers, discrimination, and other barriers[22], LGBT older adults often struggle to access home and community-based services. Care navigation and targeted case management are crucial to ensure that this highly vulnerable older population is effectively connected to services and care.

We propose a two-pronged approach to address this serious equity gap.

First ACL should fund programs to make ACL's current Eldercare Locator[23] service more accessible to LGBT older adults through a mix of training for Eldercare Locator staff, investment in LGBT-inclusive marketing and promotion of the Eldercare Locator, and support for LGBT-inclusive data collection to track usage of the Eldercare Locator by LGBT older adults.

Second, ACL should fund the National Resource Center on LGBT Aging (NRC) to provide a national, virtual case management program that would connect LGBT older adults with culturally competent, professional case managers. Those managers can compensate for the relative absence of family caregivers in the LGBT older adult community by providing the kinds of support otherwise provided by those caregivers (e.g. assisting LGBT older adults in utilizing ACL's Eldercare Locator to find services, benefits, transportation, etc.). Adding a virtual case management program would significantly expand the supports currently available through the national LGBT elder hotline currently offered by SAGE.

b) ACL should enhance the NRC's capacity to provide technical assistance and training to the Older Americans Act Aging Network and home and community-based services (HCBS).

We also recommend targeted funding for the NRC to provide additional technical assistance and training to caregivers and others involved in providing aging services and supports to build capacity, cultural competence, and support targeted outreach to LGBT older adults.

First, this technical assistance and training should go to the Older Americans Act (OAA)-funded Aging Network. The OAA promotes the well-being of older individuals by providing services and programs designed to help them live independently in their homes and communities. The Act also empowers the federal government to distribute funds to the states for supportive services for individuals over the age of 60. The Aging Network that it funds includes state, regional, and tribal entities (State and Territorial Units on Aging, Area Agencies on Aging, and Title VI Native American aging programs). The Network provides essential services and

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[22] *Id.*; *Williams LGBT Aging Report* at 29; 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), https://justiceinaging.org/wp-content/uploads/2015/06/Stories-from-the-Field.pdf.

[23] Eldercare Locator available at https://eldercare.acl.gov/Public/Index.aspx.

supports, but it is not adequately targeting underserved LGBT older adults.[24] Given that cultural competency is a significant barrier to LGBT older adults accessing services,[25] providing technical assistance to increase the Network's cultural competency and capacity for effectively working with LGBT older adults will help reduce this equity gap.

Second, the funding should also support capacity building for the Centers for Medicare and Medicaid (CMS) Services' state surveyors, who assess CMS-funded care providers to ensure their compliance with CMS guidelines. These guidelines include requirements related to person-directed care that necessitate LGBT competency. Expanding the NRC's technical assistance to the CMS network, with a focus on how to succeed in person-directed care for LGBT older adults, would bring a much-needed focus on LGBT inclusion into these programs. Given the scope of CMS-funded programs for older people, inclusive services provided under them are crucial to reducing health and wellness inequities faced by LGBT older adults.

Finally, the technical assistance and training should also support providers of HCBS (typically unpaid volunteers). The unpaid HCBS workforce—in the case of LGBT older adults consisting largely of friends and community volunteers given the absence of traditional family caregivers—desperately needs training and capacity-building to provide the caregiving support that LGBT older adults need.[26]

If provided with additional funding, the NRC is well-positioned to address these training and capacity-building needs. Since its founding a decade ago, the NRC has established a strong track record of success.[27] Its training and other capacity-building efforts have been documented to improve the cultural competency and effectiveness of training recipients in addressing the needs of LGBT+ older adults.[28] Expanding its ability to provide technical assistance and training

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[24] In administering their OAA-funded programs, most states are not making any effort to reach out to LGBT older adults. According to a recent study conducted for SAGE, the OAA 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.

[25] *Williams LGBT Aging Report* at 29; *Out & Visible* at 13, 25, 26.

[26] "Cultural competency is critical to reducing health disparities and improving access to health care that is respectful of and responsive to diverse needs." ACL, *Diversity and Cultural Competency*, https://acl.gov/programs/strengthening-aging-and-disability-networks/diversity-and-cultural-competency.

[27] *See, e.g.*, SAGECare, *Achievements*, https://sageusa.care/why-sagecare/achievements/ (SAGECare is an outgrowth of the NRC).

[28] "All SAGECare trainings are evaluated for their effectiveness and impact. Researchers at the Silberman School of Aging at Hunter College review evaluation data, showing statistically significant improvements in learner attitudes, knowledge, and skills related to LGBT older adults." SAGE and MAP, *Uplift LGBT carework in the American jobs plan*, 3 (2021),

in the three ways discussed above is an effective way to reduce barriers in LGBT older adults accessing essential services and supports.

c) ACL should fund NRC to increase cyber education to close the digital divide among LGBT older adults.

Closing the equity gap in LGBT access to services and care requires closing the digital divide for LGBT older adults. Doing so will facilitate locating inclusive services and will enable access to virtual services when LGBT-welcoming services are unavailable.

LGBT older adults are in desperate need of support to enhance their digital literacy. Securing services and care increasingly requires tech access and savvy. Yet LGBT older adults face barriers in doing so. As discussed above, they tend to be highly isolated and frequently lack family support to help with internet access. LGBT older adults of color are at even greater risk, given the ample data documenting that people of color are least likely to have internet access.[29] The experiences of SAGE and other community providers indicate that TGNB (transgender and gender non-binary older adults) face particularly acute challenges.[30]

Access to virtual services and care would benefit many LGBT older adults, especially those in rural areas. A recent AARP survey documents that 25% of LGBT older adults live in rural areas; 9 out of 10 small town LGBT elders report that they have access to no LGBT services.[31] For some types of services and care, virtual access is an appropriate and necessary substitute.

Therefore, we propose funding for the NRC to create a multi-year national cyber education campaign to provide basic internet access skills to LGBT+ older adults across the country. Training would include a focus on internet skills relevant to accessing services and care to reduce barriers to access.

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https://www.sageusa.org/wp-content/uploads/2021/05/uplift-lgbt-carework-in-the-american-jobs-plan-2.pdf.

[29] "Racial minorities and those with lower levels of education and income are less likely to have broadband service at home." Pew Research Center, *Internet/Broadband Fact Sheet* (April 7, 2021), https://www.pewresearch.org/internet/fact-sheet/internet-broadband/?menuItem=9a15d0d3-3bff-4e9e-a329-6e328bc7bcce.

[30] For example, TGNB older adults are disproportionately represented among callers to SAGE's emergency national hotline relative to the portion of LGBT older adults that is TGNB, suggesting a disproportionate inability to find services directly.

[31] AARP, *Maintaining Dignity*, 18, 19 (Feb. 2020), https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2020/maintaining-dignity-lgbt-reformatted.doi.10.26419-2Fres.00217.006.pdf.

d) ACL should fund NRC to create a virtual programming initiative for LGBT older adults.

In most U.S. communities, there are no services or care designed specifically to address the unique needs of LGBT older adults; similarly.[32] This is why, as discussed above, the NRC provides technical assistance to local OAA Aging Network providers in how to build LGBT-welcoming programming.[33] To expand on this success, we recommend additional directed funding for the NRC to take the critical next step of offering providers resources in the form of model, LGBT-affirming virtual programming, thus making this programming accessible to LGBT older adults all across the nation.

During the COVID-19 pandemic, the limited number of existing in-person LGBT elder programs and services that exist in select communities across the country (primarily large cities) quickly pivoted, to the greatest extent possible, to virtual offerings. While this virtual pivot, with organizations like SAGE in the lead, was initially triggered by a public health emergency, it has revealed the potential to reach larger numbers of isolated older adults through virtual programming. Virtual services and programming, combined with cyber education so that these programs are equitably accessible, will help close the services gap for LGBT older adults. This is especially important for rural communities, which typically have no LGBT welcoming service and care options, and for LGBT older people of color or who are transgender or nonbinary, given the increased barriers they face in accessing care. It is essential that virtual services be available to particularly vulnerable and isolated LGBT older adults so that internet access helps close the equity gap in the availability of older adult services.

e) The Administration should fund a cross-communities caregiver support initiative.

In its discussions of essential infrastructure, the Administration has recognized the essential role the caregiving economy. This economy is essential to the economic, social, and psychological well-being of older Americans and allows people to receive care at home, in a supportive community, or from a loved one. Obtaining services and care is essential for successful aging. Caregivers, especially family and friends, provide up to 80% of all care to persons ages 65 and older.[34] Caregivers play a pivotal role in helping delay or prevent costlier

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[32] *Id*. at 22.

[33] As former Assistant Secretary for Aging Kathy Greenlee explained, the Administration on Aging "frequently turns to national organizations to support the Aging Network in their efforts to work with specific minority populations that are traditionally underserved. With the full support of the current Administration, we now recognize that LGBT older adults also represent a community with unique needs that must be addressed." AP, *SAGE Awarded $900 K Federal Grant* (Feb. 10, 2010), https://www.lgbtagingcenter.org/newsevents/newsArticle.cfm?n=1.

[34] AARP Public Policy Institute, *Family Caregiving and Long-Term Care* (Nov. 2002), https://assets.aarp.org/rgcenter/il/fs91_ltc.pdf.

formal care, institutionalization, and unnecessary hospitalizations, thus enhancing quality of life and saving significant amounts of public funding.

As with many desperate needs, however, the challenges of achieving home and community-based care are not shared equally.[35] As discussed for LGBT older adults above, diverse and disadvantaged communities face particular struggles in obtaining services for and providing care to their loved ones. For these communities, inadequate availability of culturally competent formal supports for these caregivers is a grave problem.[36] Consequently, concerted national educational, training, and support programs are needed to ameliorate the growing challenges faced by diverse caregivers.

In 2018, the Diverse Elders Coalition launched a pioneering research and training effort as a first step toward addressing these issues. This pilot program provides "family caregiving for diverse elders" training to healthcare and social service providers in both in-person and virtual formats. The curriculum was developed through extensive research in diverse communities and in cooperation with community organizations. It consists of separate modules tailored to the needs of the following communities: African American caregivers, American Indian and Alaskan Native caregivers, Asian American caregivers, Hispanic caregivers, LGBT caregivers, and Southeast Asian American caregivers. In addition to the training, there are fact sheets and a toolkit for the providers and COVID-19 resources for the family caregivers. This program has been successfully assisting diverse caregivers to be successful in caring for their elders.

We recommend funding to expand this program to comprehensively train healthcare and social service providers across the country to identify and address caregiving challenges faced by communities of color, LGBT communities, and America Indian/Alaska Native communities and to offer tips and tools for providers looking to better serve diverse family caregivers and older adults. The training would be offered both online and via in-person training sessions to health care and social service agency staff throughout the nation. The training curriculum will be designed to increase awareness of family caregiving issues among health care providers, make health care and social services more accessible to diverse family caregivers, and, ultimately, improve the physical and mental well-being of those caregivers. Additionally, evidence-based information, resources and support would be provided to caregivers and the elders who receive such care. This initiative would solidify the infrastructure of the care economy and would help ameliorate long-standing inequities.

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[35] Research conducted by the Benjamin Rose Institute on Aging, in partnership with the Diverse Elders Coalition

[36] Periyakoil, V.S., *Building a Culturally Competent Workforce to Care for Diverse Older Adults: Scope of the Problem and Potential Solutions*. J Am Geriatr Soc, 67: S423-S432 (2019), https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.15939.

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,

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Att. *Infrastructure Funding Proposal for Diverse Elder Communities*.

ATTACHMENT

NAPCA NKBA National Caucus and Center on Black Aging NHCOA National Hispanic Council on Aging NICOA National Indian Council on Aging, Inc. sage Advocacy & Services for LGBT Elders We refuse to be invisible SEARAC

INFRASTRUCTURE FUNDING PROPOSAL FOR DIVERSE ELDER COMMUNITIES

The Biden-Harris Administration is to be commended for recognizing that home and community-based services for older adults are an essential part of this country's infrastructure and care economy. We applaud the proposed allocation of $400 billion to home and community-based services for our nation's older adults, and the prioritization of living wages for our country's direct care workers as an essential support for the infrastructure of our care economy.

At the same time, this nation faces profound disparities when it comes to equitable access to health and wellness essentials, and nowhere is this more evident than in the lived experiences of our nation's older adults. As of 2018, 23% of older Americans were members of racially and ethnically diverse communities; by 2040 that number will increase to 34%. 5% of older Americans are LGBT+, with more and more LGBT+ older adults emerging from "the closet" every day.

Black and brown older Americans are two to three times more likely to have contracted COVID and died than older Americans in general. LGBT+ older adults, who are disproportionately represented in residential long-term care because of their acute social isolation and thin support networks, were prominent among the more than 174,000 people who have died in residential care due to the pandemic. Older adults who are racially and ethnically diverse, American Indian and Alaska Native, and/or LGBT+ are much more likely to live in poverty than white heterosexual older Americans. Older Americans from diverse communities are vulnerable to the devastating spiral of hate violence in the country, with AAPI elders in particular facing a devastating surge of pandemic-related hate crimes. And - as a result of discrimination, lack of cultural competency, lack of language equity, and other structural barriers -- older people from diverse communities consistently face steep barriers to equitably accessing care and services.

As this brief description of the deadly consequences of our nation's steep equity deficit in aging demonstrates, it is a *moral mandate* that the investment in a care infrastructure for our country's older adults include a specific and meaningful investment in equitable access to care and services for racially and ethnically diverse older adults as well as LGBT+ older people. That is why the organizations that compose the Diverse Elders Coalition – the leading national advocacy body representing and advocating for the combined interests and concerns of racially and ethnically diverse elders, older American Indians and Alaska Natives, and lesbian, gay, bisexual and/or transgender (LGBT+) elders -- is proposing an investment of $450 million over 8 years to support a series of initiatives, grounded in the realities and needs of diverse elder communities, to increase equitable access to care and services for the more than 17 million older adults who are people of color and/or LGBT+.

We know from painful (indeed deadly) experience that broad-based allocations of resources that do not take account of equity in fact create more inequity. If funding is allocated to expand home and community-based services without an equity lens, it is entirely predictable that those resources will be inequitably distributed and will not proportionately benefit diverse older Americans. Congress recognized the equity and access challenges facing older adults from diverse communities in last year's reauthorization of the Older Americans Act (OAA), when it included new language mandating targeted planning, outreach, and reporting to better address the service needs of diverse elder communities; implementation of this new mandate has yet to begin.

We also have learned much over the past year about how to effectively and creatively pivot programs for older adults from in-person to virtual formats in the face of pandemic-related public health risks. Diverse elder organizations have pioneered many of these virtual program innovations. These innovations should be built upon as we invest in strategies to equitably expand services and care to older adults from diverse communities.

Given what we have witnessed and learned over the last year, we must leverage the new capacities we have created to benefit older adults. And, we *cannot* repeat the mistakes of the past by failing to address equity for diverse older adults. Instead, Congress and the Administration must take an intentional and meaningful step toward building equity into the care and services infrastructure by fully funding the $450 million initiative proposed by the Diverse Elders Coalition. Organizations with strong roots in, and track records of work on behalf of, diverse elder communities must play a central role in leading this essential aging equity initiative.

FUNDING OUTLINE FOR LGBT+ OLDER ADULTS: $50 million investment

To address severe equity gaps that LGBT+ older adults face in accessing services and care, we propose a $50 investment over eight years to enhance the programming of the ACL-funded National Resource Center on LGBT Aging.

In addition to elevated levels of poverty and health disparities, LGBT+ older adults – who are much less likely than older Americans in general to have children, much more likely to grow old single and disconnected from their families of origin, and who often closet themselves from health care providers to protect against abuse and discrimination -- suffer from severe social isolation and thin support networks, creating a heightened need for support, including but not limited to professionalized home and community-based services. For these reasons, ACL created the National Resource Center on LGBT Aging in 2010. It is worth noting that circumstances are markedly worse for those who live at the intersections – i.e. older adults who are racially and ethnically diverse *and* LGBT+ face the greatest challenges. For example, 28% of Latino transgender people and 34% of Black transgender people live in poverty. The unemployment rate for AAPI LGBT+ people is 3% higher than the adult population in general, while the rate for Latino LGBT+ people is 6% higher and that of African American LGBT+ people is 7% higher than (or nearly double) that of the general population. These trends contribute to the accumulation of higher rates of poverty among LGBT+ older adults of color over the life course, as they lead inexorably to lower retirement savings and retirement income in old age.

The lack of culturally competent care and services combined with the lack of support for LGBT+ elders seeking services means that barriers to accessing care are very high. The challenges are compounded by the care system's increasing reliance on technology that diverse elders often are unable to utilize, as powerfully illustrated by the great difficulties older people have experienced in accessing COVID-19 vaccine appointments. The result is that LGBT+ older adults – who frequently are attempting to navigate complex care and service systems on their own – are often left out. Investments in home and community-based services must be paired with training and technical assistance to ensure that LGBT+ older adults can access these expanded services.

At the same time, the severe challenges created by the COVID-19 pandemic have led to creative innovations in supports for LGBT+ older adults; for example, SAGE has been one of the country's leaders in pivoting OAA programs and services for LGBT+ older people to virtual formats. This progress and learning should be built upon as we invest in efforts to close the gaps in services and care.

To remedy severe LGBT+ aging equity issues, we propose the following enhancements to the National Resource Center on LGBT Aging:

A. **$15 million over eight years to increase LGBT+ access to Eldercare Locator and support targeted case management for LGBT+ older adults.**

   Family caregivers often are the means by which older adults are connected to home and community-based services. This is not the case, however, with LGBT+ older adults, who are four times less likely than older Americans in general to have children, twice as likely to grow old single and living alone, and much more likely to be disconnected from their families of origin. As a result, LGBT+ older adults often must attempt to access home and community-based services (HCBS) on their own; this, added to cultural competency and other barriers, means that LGBT+ older adults often fall through the cracks when it comes to HCBS. Care navigation and targeted case management is crucial for LGBT+ older adults to prevent this from happening and to ensure that this highly vulnerable older population is effectively connected to services and care. We propose a two-pronged approach to address this serious equity gap. First, $7 million to make ACL's Eldercare Locator more accessible to LGBT+ older adults through a mix of training for Eldercare Locator staff, investment in LGBT+-inclusive marketing and promotion of the Eldercare Locator, and support for LGBT+-inclusive data collection to track usage of the Eldercare Locator by LGBT+ older adults. Second, $8 million to the National Resource Center on LGBT Aging to fund a national, virtual case management program that would connect LGBT+ older adults with culturally competent, professional case managers who can compensate for the relative absence of family caregivers in the LGBT+ older adult community by providing the kinds of support otherwise provided by said caregivers (e.g. assisting LGBT+ older adults in utilizing ACL's Eldercare Locator to find services, benefits, transportation, etc.). Virtual case management would expand the supports available through the national LGBT elder hotline currently offered by the NRC.

B. **$15 million over eight years to enhance capacity of National Resource Center on LGBT Aging to provide technical assistance and training to the aging network and unpaid HCBS workforce (volunteer caregivers).**

   Providing technical assistance to equip the OAA network of Staff Units on Aging (SUA's), Area Agencies on Aging (AAA's), and State Ombudsmen to increase their knowledge of, and capacity for effectively working with, LGBT+ older adults is essential to reducing the severe equity gaps that this vulnerable population faces when seeking care and services. This capacity-building is equally important for State Surveyors, who are charged with assessing care providers to ensure their compliance with CMS (Centers for Medicare & Medicaid Services) guidelines (including requirements related to person-directed care that necessitate LGBT+ competency). In addition, the unpaid HCBS workforce -- in the case of LGBT+ older adults consisting largely of friends and community volunteers given the absence of traditional family caregivers -- desperately needs training and capacity-building to provide the caregiving support that LGBT+ older adults need.

If provided with additional funding, ACL's National Resource Center on LGBT Aging (NRC), led by SAGE since 2010, is well-positioned to address these network and volunteer caregiver capacity-building needs. Since its founding a decade ago, the NRC has established a strong track record of success. Its training and other capacity-building efforts have been documented to improve the cultural competency and effectiveness of training recipients in addressing the needs of LGBT+ older adults. Building out the NRC's existing technical assistance efforts targeting the OAA network would dramatically increase the LGBT+ cultural competence of the network. Expanding the NRC's technical assistance to the CMS network (via an ACL-CMS partnership) would bring a much-needed focus on LGBT+ inclusion into CMS-funded programs, which are crucial to the health and wellness of LGBT+ older adults. Further expanding the NRC's focus to include training for volunteer caregivers (the unpaid HCBS workforce) would go a long way to addressing the serious support gaps resulting from the relative absence of traditional family caregivers in the LGBT context.

Therefore, we propose $15 million in additional funding to enhance the National Resource Center on LGBT Aging to achieve the above goals. Among other things, this investment would facilitate effective implementation of the Older Americans Act mandate for targeted outreach to LGBT+ older adults by equipping the network with the knowledge and skills needed to plan for, operationalize, and evaluate these new outreach efforts. This funding would also support the provision of subject matter expertise to the States to identify and address gaps in data collection practices that inhibit documentation of key measures including the OAA service gaps that LGBT+ older adults face and the efficacy of targeted outreach by OAA entities.

C. **$10 million over eight years to National Resource Center on LGBT Aging for cyber education to close digital divide among LGBT+ older adults**

One of the mandates of the National Resource Center on LGBT Aging (NRC) is to provide resources and supports directly to LGBT+ older adults. LGBT+ older adults are in desperate need of support to enhance their digital literacy. Severe real-world consequences exist as a result of the digital divide that limits older adult ability to secure services and care, which increasingly requires tech access and savvy. The digital divide is exacerbated for LGBT+ older adults, who are highly isolated and frequently lack family support to help with internet access. LGBT+ older adults of color are at even greater risk, given the ample data documenting that people of color are least likely to have internet access. In addition, the experiences of SAGE and other community providers indicate that TGNB (transgender and gender non-binary older adults) face particularly acute challenges; for example, TGNB older adults are disproportionately represented among callers to the NRC's emergency national hotline relative to the portion of LGBT older adults that is TGNB. Moreover, virtual access to services and care is essential for LGBT+ older adults in rural areas. A recent AARP survey documents that 29% of LGBT+ older adults live in rural areas; 9 out of 10 rural LGBT+ elders report that they have access to *absolutely no* LGBT+-welcoming services.

Closing the equity gap in LGBT+ access to services and care means closing the digital divide for LGBT+ older adults. The investment in broadband proposed in the President's infrastructure initiative is a critically important step. But to close the equity gap, it must be complemented by targeted efforts to address the needs of those groups who are most vulnerable. Therefore, we propose $10 million over eight years to the National Resource Center on LGBT Aging for a multi-year national cyber education campaign to provide basic internet access skills to LGBT+ older adults across the country. Training would include a focus on internet skills relevant to accessing services and care.

D. **$10 million over eight years to National Resource Center on LGBT Aging for virtual programming initiative for LGBT+ older adults**

In most U.S. communities, there are no services and no care that have been designed specifically to address the unique needs of LGBT+ older adults; similarly, general population providers in most communities have major gaps in LGBT+ cultural competency. This is why the National Resource Center on LGBT Aging (NRC) provides technical assistance to local OAA network providers in how to build LGBT-welcoming programming. With $10 million in additional funding over eight years, the NRC can take the critical next step of offering providers resources in the form of model, LGBT-affirming virtual programming, thus making this programming accessible to LGBT+ older adults all across the nation.

During the COVID-19 pandemic, the limited cohort of in-person LGBT+ elder programs and services that exist in select communities across the country (primarily large cities) were quickly pivoted, to the greatest extent possible, to virtual offerings. While this virtual pivot, with organizations like SAGE in the lead, was initially triggered by a public health emergency, it has revealed the potential to reach larger numbers of isolated older adults through virtual programming. Virtual services and programming, combined with cyber education so that these programs are equitably accessible, will close the services gap for LGBT+ older adults. Rural elders who have access to literally no LGBT+ welcoming service and care options, and LGBT+ elders of color and TGNB (transgender and gender non-binary) elders who struggle mightily to access services and care, will especially benefit. The President's proposed investment in broadband will expand LGBT+ elders' access to the internet. It is essential that virtual services be available to particularly vulnerable and isolated LGBT+ elders so that internet access helps close the equity gap in the availability of older adult services.

<u>FUNDING OUTLINE FOR HISPANIC/LATINO OLDER ADULTS</u>: $120 million investment

According to the 2019 U.S. Census Bureau population estimate, there are 61 million Hispanics living in the United States, representing 18 percent of the U.S. total population. Language fluency varies among Hispanic subgroups who reside within the mainland United States, with 71 percent of Hispanics speaking a language other than English at home. With regards to education, 71 percent of Hispanics had a high school diploma or higher. Seventeen percent of Hispanics live at the poverty level.

When looking at the state of health among Hispanics, this group has the highest uninsured rates of any racial or ethnic group within the United States. Hispanic health is often shaped by factors such as language/cultural barriers, lack of access to preventive care, and the lack of health insurance. The Centers for Disease Control and Prevention has cited some of the leading causes of illness and death among Hispanics, including heart disease, cancer, unintentional injuries (accidents), stroke, and diabetes. Some other health conditions and risk factors that significantly affect Hispanics are asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, and liver disease.

The lack of culturally competent care and services combined with the lack of resources in Spanish result in many barriers to accessing care. COVID-19 has dramatically impacted Hispanic communities. Hispanics are 1.7 times more likely to contract COVID-19 than their non-Hispanic white counterparts, 4.1 times more likely to be hospitalized from COVID-19 and 2.8 times more likely to die from COVID-19. Hispanics have also encountered many barriers to accessing COVID-19 vaccine appointments, including the reliance on technology that diverse elders often are unable to utilize. Investments in home and community-based services must be paired with training in order to ensure Hispanic older adults can safely access these expanded services.

It is of major importance that this funding goes to organizations with established histories of successfully working with and serving Hispanic older adults.

To remedy these inequities for Hispanic older adults, we propose:

A. **$25M for Hispanic cultural responsiveness training for OAA and CMS-funded networks**

Studies have shown that Hispanics are the racial/ethnic group least likely to visit a health care provider while also having the highest uninsured rates of any racial/ethnic group in the US. While access is a major issue, Latino apprehension about healthcare goes deeper than just the issue of access. Hesitancy in part is due to a long history of mistrust of Western medicine, a cultural uneasiness with the American style of healthcare, and a tradition of privacy and individual pride.

Preparing the Older Americans Act (OAA) network of Staff Units on Aging (SUA's), Area Agencies on Aging (AAA's), and State Ombudsmen to increase their knowledge of, and capacity for effectively working with Hispanic older adults is essential to reducing the severe health equity gaps that this underserved population faces when seeking care and services. This capacity-building is equally important for State Surveyors, who are charged with assessing care providers to ensure that they are in compliance with CMS (Centers for Medicare & Medicaid Services) guidelines as well as health departments.

While the Administration for Community Living does provide some resources for addressing cultural competency, those resources are limited and do not provide specific training with Hispanic and Hispanic subgroups in mind. Additionally, there is a lack of a federally funded capacity building effort focused on the CMS network. It is well recognized that cultural competency is critical to reducing health inequities and improving access to health care that is respectful of and responsive to diverse needs.

We propose $25 million in funding to support a multi-year effort to provide comprehensive Hispanic culturally responsive training and technical assistance to OAA network entities in every region of the country and Puerto Rico. This investment would facilitate effective implementation of the Older Americans Act mandate for targeted outreach to Hispanic older adults by equipping the network with the knowledge and skills needed to plan for, operationalize, and evaluate these new outreach efforts. This funding would also support the provision of subject matter expertise to the States to identify and address gaps in data collection practices that inhibit documentation of key measures including the OAA service gaps that Hispanic older adults face and the efficacy of targeted outreach by OAA entities.

B. **$20M for cyber education to close digital divide among Hispanic older adults**

The ability to access and use digital services increases employment and income, enhances educational opportunities, expands health care access, and improves overall social well-being. One in three Hispanic Americans (~17 million people) do not have access to computer technology in their homes and 29 percent of Hispanic households, do not have broadband. Furthermore, immigrants and Limited English Proficient (LEP) workers were over-represented in populations with limited or no digital skills identified in a 2020 report by the National Skills Coalition. Although they account for about one-sixth of U.S. workers, immigrants make up more than one-third of the workforce without digital skills. They also account for nearly one-quarter of workers with limited digital skills, in other words those who are able to complete basic computer tasks but would have difficulty sorting emails.

COVID-19 has drastically deepened the digital divide by impacting access to public internet sources, such as libraries and schools and businesses. Additionally, Latinos, especially those born outside the U.S., are less likely to access healthcare information online and studies show this population expresses discomfort in filling out online healthcare forms.

Closing the equity gap in Hispanic access to services and care means closing the digital divide for Hispanic older adults. The investment in broadband proposed in the President's infrastructure initiative is a critically important step. But to close the equity gap, it must be complemented by targeted efforts to address the needs of those groups who are most vulnerable. Therefore, we propose $20 million for a multi-year national cyber education campaign to provide basic internet access skills to Hispanic older adults. Training would focus on internet skills relevant to accessing services and care.

C. **$20M for virtual programming initiative for Hispanic older adults**

During the COVID-19 pandemic, in-person older adult programs and services that exist in some urban areas across the country pivoted, as they were able to, to virtual offerings. This pivot has illuminated an opportunity to reach larger numbers of isolated rural Hispanic older adults through virtual programming. Virtual services and programming combined with cyber education can address many inequities plaguing Hispanic older adults. Rural communities are often less likely to address the language and cultural needs of Hispanic older adults who struggle to access services and care. The President's proposed investment in broadband will expand Hispanic older adults' access to the internet. It is essential that virtual services be available to rural living Hispanic older adults so that internet access helps close the equity gap in the availability of older adult services. Therefore, we propose $20 million for a national virtual programming initiative with a particular emphasis on Hispanic older adults living in rural areas. This virtual programming initiative will educate Hispanic older adults on how to navigate complicated online systems that frequently inhibit access to home and community-based services.

D. **$20M for job training for Hispanic older adults**

As the population continues to age, older adults provide a potential solution to employers. Hispanic Americans represent one of the fastest growing segments of the older adult population and are an important target for employers. Hispanic older adults participate in the labor force at relatively high rates and work in a wide range of occupations and industries. Hispanic older adults have generally completed less schooling than non-Hispanic whites and many foreign-born Hispanic people are Limited English Proficient. This population contributes significantly to the economy as measured by aggregated earnings and dependability. The majority of Hispanic older adults who are able to find jobs work in low-skilled occupations and well-educated Hispanic older adults are often under-employed, working in jobs for which they are often overqualified for. The considerable size of the Hispanic older adult workforce and the growth expected over the next several decades present valuable opportunities for leveraging these workers skills and talents as well as their dependability, strong work ethic and loyalty. Given the growing percentage of Hispanics in the US, the employing of bilingual and culturally responsive Hispanic individuals is extremely valuable to employers.

Therefore, we propose $20 million for a multi-year national Hispanic job training academy delivered in every region of the country and Puerto Rico. This investment would facilitate effective implementation of the Older Americans Act mandate to encourage the employment of older workers, including job and second career counseling and job development. This academy would be created in partnerships with educational institutions and employers in key industries in the regions to better identify labor market opportunities. Job training would also integrate training with English language acquisition.

E. **$25M to address health inequities among Hispanic older adults**

As a whole, Latinos suffer from poorer health on many measures and are less likely to have access to high-quality care. Improving Latino health requires concerted interventions. One in two Latinos will develop diabetes over their lifetime. Latinos are at a 66% greater risk of developing type 2 diabetes, and once diagnosed, have worse outcomes than non-Hispanic whites. Diabetes often brings mental health problems in its wake: one in five diabetics have depressive symptoms. But Latinos are also less likely to receive treatment for depression, anxiety, and other behavioral issues than their white counterparts. Poor healthcare leads to poor health, which then makes healthcare more expensive and less accessible. The Affordable Care Act has narrowed racial gaps in access to healthcare, but Latinos are still nearly 3 times more likely to be uninsured than non-Hispanic whites.

Promotores de salud, or community health workers, help provide health education and outreach services to Spanish-speaking communities across the country. Promotores come from communities similar to the ones they serve, so they are well-equipped to help community members navigate language and cultural barriers in the healthcare system. These programs have been found to improve health behaviors that prevent cardiovascular disease and cervical cancer. They are now being used to promote best practices regarding COVID-19 in Latino communities.

We propose $25 million for a multi-year national Promotores de salud training and deployment in every region of the United States and Puerto Rico to specifically address health inequities with regards to caregiver training, diabetes, cancer screening, HIV prevention and adult immunizations (influenza, pneumococcal, COVID-19).

F. **$10M for national partnership with American farmers to address hunger and food insecurity among Hispanic older adults**

Before the pandemic, Latinos were almost twice as likely to face food insecurity than non-Hispanic white individuals; since the pandemic, this disparity has grown. According to the Census, Latinos make up 28% of the people living in poverty in the United States, even though they make up only 19% of the total population of the United States. Food insecurity does not exist in isolation, as low-income families are affected by lack of affordable housing, social isolation, chronic diseases, high medical costs, and low wages. Similarly, older adults that are food insecure are more likely to be in fair or poor health, with frequently associated comorbidities including diabetes, depression, hypertension, heart disease, and gingivitis. Food-insecure older adults are also more likely to have limitations in activities of daily living. According to Meals on Wheels America recent report of Hunger in Older Adults, nearly 5.5 million adults 60 and older in 2017 were food-insecure-meaning that they often went hungry because they could not afford food.

No community in America is immune to hunger, especially those living in rural areas. Even though rural areas grow most of our nation's food, households face considerably deeper struggles with hunger than those in metropolitan areas and impacting more older adults. Older adults living in rural communities are at a disadvantage in terms of available services, resources, and activities. Those individuals who live in rural communities have a higher prevalence of chronic disease, a higher disability rate, a lower prevalence of healthy behaviors, and fewer health professionals available to provide the services they need.

Nutrition and access to healthy food are vital to aging in good health, therefore, we propose $10 million for a multi-year national program to address hunger and food insecurity in partnership with American farmers, with a focus on rural areas where services are particularly scarce. This program would provide culturally responsive nutrition education and access to healthy foods for Hispanic older adults.

FUNDING OUTLINE FOR AMERICAN INDIAN AND ALASKA NATIVE OLDER ADULTS: $50 million investment

BACKGROUND NICOA

The National Indian Council on Aging (NICOA) was founded in 1976 as a 501 (c) (3) non-profit organization whose mission statement is "To advocate for improved comprehensive health, social services and economic well-being of American Indian and Alaskan Native Elders." It is the oldest and only national Indian organization that works exclusively on behalf of native elders; it was formed by over 2,000 American Indian/Alaskan Natives (AI/AN) who attended the 1st National Indian Conference on Aging in 1976.

SUMMARY OF AI/AN ISSUES

According to a report from the Administration for Community Living/Administration on Aging in 2019, there were 272,250 American Indian and Alaskan Native elders over the age of 65. There are over 573 federally-recognized Indian tribes in the United States. The federal recognition bestows a tribal-federal government relationship upon those recognized. The late President of the Mescalero Apache Tribe, Wendell Chino said about the elders of tribal communities, "the elders are the ones who have maintained our'Indianness' and are the keepers of our traditions, customs and languages." Today, this is more true than ever. In the past year, tribal communities have reawakened to this fact: the elders are the history, the customs and the key to our respective futures.

The National Indian Health Board has maintained a site which has kept data on the prevalence of COVID-19 in tribal communities in the United States. According to their data, on March 17, 2021, there were more than 5,981 tribal members who have succumbed to the virus. 58% of all Native American deaths occurred among tribes in New Mexico and Arizona, although they only represented 15.5% of the states' population. The Navajo Nation became the nation's "hotspot"as the virus rampaged through the country. Of the total who have died in Indian country, the Navajo Nation's deaths represented 43% of this number. It is estimated that 60% of deaths in Indian country were elders over the age of 65, or 3,589. This is equivalent to losing 233,285 years of tribal history, culture, customs and language. Among some tribes, they have already lost their last remaining tribal member who speaks the language and some are concerned they are going to lose those who speak the language of their tribe.

Many elders were forced to live isolated from their communities, their relatives and friends. It should be noted that as the pandemic worsened- the numbers of elders suffering from loneliness and depression increased. While there are family who serve as "caregivers", the demand for this level of care far exceeds the number of potential caregivers. Many tribal governments closed their borders to all outsiders in an effort to slow or contain the spread of the virus. In the state of New Mexico, this is true of most of the pueblos and also among some of the tribes in the Midwest and Pacific coast. This was exacerbated by the numbers of their relatives dying from the disease. In one tribal community, members expressed that there were deaths on a daily basis – deaths where the individual died alone and far away from their relatives. Among native communities, there is a proper way of burial rituals in the family and community members and there are consequences when these traditions and customs are not adhered to. The pandemic and the resulting protocols promulgated by infectious disease specialists decimated the completion of this process. This will have long lasting effects on the families, the communities and tribes.

Approximately one-third of people residing on Indian reservations do not have running water; we know about one third of people living on the reservations don't have access to electricity. Poverty levels in most tribal communities approach 50%; in some communities it reaches as high as 70%. Co-morbidities such as diabetes, heart disease, cirrhosis and various forms of cancer exacerbated risks to an already vulnerable population. The severe winter of 2020 only made access to healthcare more difficult; d when elderly individuals were able to access healthcare, the level of care needed far exceeded the capabilities of the healthcare facilities on reservations, forcing them to be driven or airlifted to off-reservation hospitals - only to die there alone. While some have survived, they now deal with the uncertainties and fear of catching the virus again**.**

What have we learned about our elders, tribal communities? Their strengths and needs? They are the following:

- Indian elders are an irreplaceable gift and resource for the continued survival of Indian and Alaskan Native communities. NICOA's mission statement reads *"To advocate for improved comprehensive health, social services, and economic wellbeing of American Indian and Alaskan Native Elders."* This is the WHAT NICOA does, but it does not address the WHY we are doing this. Our answer: Indian elders are the keepers of our history, customs, traditions, ceremonies and language. Elements of the philosophical concept underlying "tribal sovereignty." Through the preservation of the knowledge and wisdom of our elders, NICOA wants to ensure that Indian and Alaskan Native cultures survive for the next 1,500 years. That is WHY NICOA does WHAT it does.

- Indian elders are resilient. They have experienced these kinds of hardships in the past and have lived through them and have the optimism that these experiences nurture. NICOA has spoken with elders around the country who have remarked, “We’re still here and we’re not going anywhere. This is where we were born and this is where we will return.”
- Access to healthcare is extremely limited. While there are healthcare facilities in Indian country, the infrastructure such as roads make them extremely impassable during inclement weather. Moreover, during this pandemic, we learned that many tribal healthcare facilities were not capable of providing the level of care needed by elders suffering from the virus. Transporting them off-reservation is costly and decreases the funds available for medical care. Compounding the matter related to healthcare is the shortage of medical staff in some areas of Indian country.
- Internet access and broadband are challenges in efforts to implement telehealth and telemedicine capabilities.
- Services that embrace the“continuum of care” in Indian country are limited. Home and Community Based Services (HCBS) are available in home-delivered meals, chore services, home safety checks, caregiving services, elderly protective services and some homecare services - but the entire continuum does not exist in many tribal communities. There are very few Home Health Services, Assisted Living facilities and long term care facilities. Efforts to maintain elders in the least restrictive environment and in the home (also referred to as“Aging in Place”) is the mantra of the aging community, BUT there will come a time when the latter type facilities will be needed. For example, recent studies regarding Alzheimer’s Disease and Related Dementias (ADRD) in Indian Country suggest that 1 in 3 American Indian/Alaskan Native (AI/AN) will be diagnosed with ADRD in the next few years; compared to 1 in 5 among the non-Indian population. The level of care needed as the individual deteriorates exceeds the capabilities of current caregivers and moreover, the number of caregivers in Indian country.
- Demographics in Indian country have changed. This has and will continue to create intergenerational chasms facilitating the continuation of the decline of tribal knowledge, history and language. In 1970, 70% of the AI/NA population lived on Indian reservations; 30% lived in border towns or urban areas. Today, that has flipped with 70% living in off-reservation towns or urban areas; and 30% remaining on tribal reservations. Most of those remaining are elders without nearby caregivers who are family members, neighbors capable of taking care of them, etc. Concurrently, there will also be more elderly AI/NA residing in off-reservation and urban areas.

Priorities for funding for American Indian/Alaskan Native elders:

A. **$10 million to fund Title VII-B of the Older Americans Act which would provide funding for the establishment of elder protection programs at the tribal level.**

   This would provide an essential level of protection for AI/AN elders which has not previously been funded.

B. **$15 million to increase funding for tribal caregivers enabling as many elders to "Age in Place" as possible.**

This initiative would allow the President's Plan to address an urgent need for home or community based services for our communities, which currently have very limited access to programs necessary to allow older adults to remain independent.

C. **$5 million to Increase funding for the SCSEP's Set-aside Program which would provide job training to older AI/AN.**

Increasing SCSEP's funding will allow it to expand its current success in assisting older AI/ANs to gain skills for the contemporary workforce.

D. **$10 million to increase funding for the National Minority and Special Populations Organizations which serve these populations.**

Organizations with cultural competency and experience are essential to reaching our communities.

E. $10 million set-aside of training and education funds to include Tribal Colleges and Universities, which currently only recognizes Historically Black Colleges and Universities.

There is a need to increase the number of trained Native American gerontologists for the next generation.

<u>FUNDING OUTLINE FOR ASIAN AMERICAN AND PACIFIC ISLANDERS OLDER ADULTS</u>: $56 million investment

Outdated definitions of diversity continue to harm Asian American and Pacific Islanders (AAPI) by painting these communities as one monolith, with tragic recent events – like the March, 2021 mass shootings in Atlanta, Georgia that took the lives of six Asian women – raising the urgency for new solutions. AAPIs are the fastest growing segment of the US population and includes people from 30 countries, of diverse ethnicities and over 100 different languages. Older AAPIs face profound challenges that vary across sub-populations. Conceiving of all AAPIs as homogenous, with falsehoods of every AAPI person as "successful" and "assimilated," is dangerous. For example, AAPI women have the highest rate of suicide among older Americans. Escalating this challenge, social isolation among AAPI older adults and caregivers has increased during the COVID-19 pandemic.

Population Characteristics

Since 1990, the Asian American population has grown by 53 percent and that of Native Hawaiian and Pacific Islanders ("NHPIs") by 32 percent. Between 2006 and 2013, the number of Asian Americans over age 60 increased by 76 percent and of NHPIs by 60 percent. By 2060, that number is expected to increase by 145 percent. This is due to two processes: the aging of people who immigrated earlier and increased immigration of older people with support of younger family here.

Barriers to Programs

Language differences present profound barriers to AAPIs. Sixty percent of Asian American and 25 percent of Pacific Islander elders have limited English proficiency. The number varies again by subgroup, reaching 100 percent for older Bhutanese. Many of these elders live in linguistically isolated households, where no one over age 14 is proficient in English. This essentially excludes older AAPIs from many services that are available. It is also correlated with employment barriers, racial discrimination, and a generally poorer quality of life.

Similarly, cultural barriers impede access to services, impair communication with providers, and reduce satisfaction with service programs and the likelihood of continued participation. Cultural norms vary among subgroups but can include issues such as emphasis on social groups or family above the individual, interpretation of gestures and facial expressions, and level of comfort discussing particular topics. In particular, the emphasis on family ties often means that AAPI elders rely for care on younger relatives who often do not have training or support for the role.

Older Asian Americans are 40 percent and NHPIs 54 percent more likely to live in poverty than the total population. Levels of poverty are extreme among some groups: for example, 26.6 percent of Micronesians, 23.9 percent of Cambodians, and 23.5 percent of Bangladeshis and Nepalese are below the poverty line. AAPI older adults are more likely to receive Supplemental Security Income with 14 percent of AAPIs receiving SSI, as compared to the national average of 3.2 percent. In addition, AAPI older adults are more likely to use supplemental nutrition-assistance programs, have little to no retirement savings, owe debt on a housing mortgage, or pay rent on housing.

Along with higher levels of poverty, older AAPIs also experience health disparities, with significantly higher levels of both acute and chronic illness. Over half of the 1.25 million Americans with chronic hepatitis B infection are AAPI older adults. Older AAPIs also have higher levels of tuberculosis and dementia. Certain subgroups suffer from higher levels of particular chronic conditions than their White counterparts. For example, Native Hawaiians are four times as likely, and Filipino and Japanese Americans are twice as likely, to be diagnosed with diabetes.

Challenge

The President’s proposals are bold and necessary. But without specifically targeting the needs of diverse elders, including older AAPIs, the most vulnerable populations will be once again excluded from their reach and impact. A critical component to allowing AAPIs to age in place is increasing the accessibility of new and existing support services. This would involve remediating the language, cultural, and technological barriers that currently bar older AAPIs from benefiting from programs and services. The extent of these barriers became clear during the COVID-19 crisis, when despite the rapid roll-out in some areas of COVID-related programs, many AAPI elders found themselves completely unable to obtain information or to schedule vaccine appointments. Thus, this is an urgent matter of equity and justice.

The recommendations within this funding outline were developed by the National Asian Pacific Center on Aging (NAPCA). Founded in 1979, NAPCA is the *only* national AAPI-serving nonprofit organization focused on the needs of adults aged 55 or older, particularly with cultural, linguistic, and economic barriers. NAPCA has been successfully administering government grants and contracts and large scale programs at the regional and national levels yielding significant results for our AAPI older adults and their families. We were one of four national organizations awarded a grant by the Administration for Community Living to provide a National Resource Center to our communities.

To remedy these equity issues with AAPI older adults, we propose $56 million in funding, including $40 million to the National Resource Center for AAPI Aging.

A. $16 million for national information and referral/ assistance system for AAPI older adults

Language barriers and other unique challenges keep AAPI older adults disconnected from long-term service and support (LTSS) systems. When connected, support options (such as professional interpreters) are often limited. AAPI older adults who access formal LTSS often do so through the support of a family caregiver.

Forty-two percent of AAPIs provide care to an older adult, compared to 22% of the general population. Similarly, 17% of AAPIs live in multigenerational households, compared to 7% of the total population. While a critical part of the care team, family caregivers are not an effective solution to ensuring AAPI older adults have access to mainstream support systems. Among other challenges, cultural issues – such as not wanting to translate bad medical news to older relatives – necessitate the need for alternative in-language solutions.

During the COVID-19 pandemic, for example, NAPCA established a 50-state Community Resource Helpline for older adults and caregivers. The Helpline provides information and assistance over the telephone in 8 languages. However, this represents only a small fraction of the many languages used by our community.

Therefore, we propose $16 million for the National Resource Center for AAPI Aging to fund a national, virtual information and referral/ assistance system for AAPI older adults. This program can build upon programs and platforms created to reach linguistically isolated AAPI older adults during the COVID-19 pandemic. An automated online process, with ample access to phone based technical assistance as needed, would: (1) allow AAPI older adults to provide basic initial information about their needs, (2) provide information and resources about local care and service offerings as appropriate, and (3) connect AAPI older adults with information and referral/ assistance professionals who speak their language.

B. $16 million for AAPI cultural competency training and capacity building initiative for OAA- and CMS- funded networks

Training and other culturally- and linguistically- informed technical assistance resources for those regulating, administering, and monitoring LTSS are critical to eradicate the inequities faced by AAPI older adults when seeking services and supports. The OAA- and CMS- funded networks support basic human needs for the most vulnerable Americans but are commonly inaccessible to AAPIs and other diverse communities. An example of federal support within these networks is when the U.S. Department of Health & Human Services funded the National Resource Center (NRC) on AAPI Aging, led by NAPCA.

Founded in 2015 and funded by the Administration for Community Living (ACL), the NRC on AAPI Aging is a virtual warehouse of technical assistance viewed 14,500 times annually. In addition to the resources on the website, NAPCA’s NRC also provides technical assistance directly to mainstream aging organizations; for example, the NRC facilitates projects that build systemic language-access solutions for AAPI older adults and caregivers. The NRC on AAPI Aging commonly partners with mainstream aging organizations to develop comprehensive language access plans; these include translating LTSS resources, partnering with AAPIs and the community- based organizations that serve them, and partnering with NAPCA’s national multilingual Helpline to reinforce LTSS systems. Limited resources do not allow for meeting all the actual needs within the network, however.

We propose $16 million for the National Resource Center for AAPI Aging for an eight-year effort to provide comprehensive AAPI cultural competency training and capacity building initiative to OAA- and CMS- funded networks. This investment would scale impacts of the OAA by leveraging the expertise and technical assistance of AAPI- serving national organizations to fortify mainstream organizations and more effectively serve these subpopulations.

C. $2 million for cyber education to close digital divide among AAPI older adults

Equity for older AAPIs is essential in this initiative. Many have no access to the Internet or technology and no skills to utilize it. While increasing the coverage of broadband and other technology is essential for addressing this gap, it is largely meaningless without cyber-skills training to give people the ability to use it. We propose $2 million for the National Resource Center on AAPI Aging for a multi-year cyber education initiative to close the digital divide among AAPI older adults..

D. $2 million for virtual programming initiative for AAPI older adults

An efficient way to provide services that are linguistically accessible and culturally competent is through virtual programming. We propose a $2 million expansion to reach “service deserts” and bring needed services to AAPI communities that might have difficulty reaching them for practical or cultural reasons. In addition, it would provide direct access to providers that are sensitive and aware of older AAPIs specific needs and to appropriate interpreters. We propose $2 million to the National Resource Center on AAPI Aging to fund a multi-year virtual programming initiative for AAPI older adults.

E. $16 million for workforce development through SCSEP

One’s education and work experience are not always transferable from one’s home country to the U.S., and limited-English skills can make it difficult to find employment; and/or learn employable skills such as English literacy, environmental conservation, hospitality, computer skills, and customer service, which could reduce barriers to obtaining and retaining permanent employment.

These challenges can be overcome through culturally and linguistically appropriate workforce development. We propose $16 million to support AAPI older adults through the Senior Community Service Employment Set-Aside Program (SCSEP). Since the inception of the SCSEP program, NAPCA was the first and continues to be only national organization to implement the SCSEP program focusing on the needs of AAPI older workers. SCSEP is the only federally mandated job training program that explicitly serves low income adults, age 55 years and older. NAPCA serves nearly 1,400 SCSEP participants located located in seven states on an annual basis providing training, and building new capacities with the help of the mature workers placed at community-based organizations and government agencies. We propose $16 million for a multi-year expansion of this program.

F. $2 million for research with AAPI communities as they age

AAPIs are not adequately represented in research for many reasons. Often consolidated into only two ethnic categorizations – Asian American or Pacific Islander – lacking disaggregated data collection has led to vast disparities for our communities. We propose $2 million for research with AAPI communities as they age.

Systemic efforts to partner with AAPIs and prioritize disaggregated data collection and inclusion of unique subgroups within research is paramount. NAPCA engages our communities throughout research projects (for example, through focus groups). We work with community organizations that have established relationships of trust with our AAPI elders, ensuring that we have access necessary to address the gap and reduce disparities. For example, NAPCA is a co-organization involved in current project with the National Institutes of Health to create a research registry of AAPIs who are willing to get contacted to participate in potential research. We propose $2 million to the National Resource Center on AAPI Aging for a multi-year effort focused on research with AAPI communities as they age.

G. $2 million for Elder Abuse Initiative

Asian immigrants seem less likely than other populations to report abuse and receive services, often due to language, cultural, social, and institutional barriers. Despite high vulnerability, AAPI older adults continue to face disparities in seeking and accepting help from mainstream elder abuse systems. National efforts to better understand and support AAPIs who are at risk of, or victims of abuse are beginning, but these initiatives lack resources to scale support. We propose $2 million to prioritize the safety of all AAPIs across the U.S.

Just in the past 6 months alone, 3 in 5 Asian American and Pacific Islanders have experienced discrimination based on their race and ethnicity. .This is based on research from the COVID-19 Effects on the Mental and Physical Health of Asian Americans & Pacific Islanders Survey Study (COMPASS), \ with support from the National Institute on Aging of the National Institutes of Health and in partnership with 13 community-based organizations (including NAPCA), 9 co-investigators and research analysts, and participation from 5,242 Asian American Pacific Islanders. Within this context, we propose $2 million to the National Resource Center on AAPI Aging for a multi-year elder abuse initiative.

FUNDING OUTLINE FOR SOUTHEAST ASIAN AMERICAN OLDER ADULTS: $14 million investment

Summary

- Founded in 1979, Southeast Asia Resource Action Center (SEARAC) is the only national organization that exists to meet the needs of the largest community of refugees ever to be resettled in America from Cambodia, Laos, and Vietnam. SEARAC has more than two decades of experience administering national and federal grants (particularly through the Office of Refugee Resettlement), and over 40 years of deep community trust through technical assistance, coalition and network building, convening, sub-granting, and advocacy.

- **Purpose:** fund a national Southeast Asian American Aging Network of local and national agencies that expands and transforms local care infrastructure to meet the needs of vulnerable Southeast Asian American ("SEAA") elders for generations to come.
- **Need:** Southeast Asian American elders are an especially vulnerable population within the Asian American community. They require targeted and specialized attention to meet the needs of survivors of war and genocide. These elders face extreme challenges including poverty, limited English proficiency, and mental health conditions that mainstream providers fail to have the cultural and linguistic capacity to address.
- **Major strategies:** expand people-centered, trauma-informed (PCTI) services and supports for SEAA refugees with histories of trauma, and their caregivers through a national network that provides technical assistance to CMS and other mainstream aging agencies to serve the community, education to close the digital divide and increase access to resources, national research to inform current and new care ecologies, and workforce development to support culturally and linguistically responsive care for current and new caretakers.

Investment in Southeast Asian American Communities: $14 million

While the model minority myth has led to false assumptions of a thriving Asian American monolith, Southeast Asian American refugee elders are an especially vulnerable population. The Southeast Asian American community comprises the largest community of refugees to ever be resettled in America, requiring targeted and specialized attention to meet the needs of survivors of war and genocide.

In the aftermath of the Vietnam War, Cambodian genocide, and bombings on Laos, an estimated 1.1 million Southeast Asians were resettled in the United States through the '70s and '80s. Their inadequate resettlement support upon arrival to the United States led to many health, social, and economic barriers for SEAAs, who—generations later—still are forced to navigate and endure these lasting challenges. Today, after four decades of US resettlement, more than 3 million SEAAs call the United States home, with approximately 400,000 of those aged 55 or older. Many SEAA elders suffer, often silently, from the experiences of war, genocide, and displacement, which have led to untreated physical and mental health conditions. Having borne witness to traumas and atrocities, SEAAs experience particularly higher rates of post-traumatic stress disorder, depression, anxiety, and other mental health challenges compared to the general population. Furthermore, the COVID-19 pandemic has made vulnerable an SEAA community that sees higher instances of diabetes, Hepatitis B, and some cancers, making it more difficult or even impossible for an SEAA older adult to return to the workforce after experiencing illness.

Mainstream perception is that all Asian Americans are economically secure; however, the US Census' 2009 American Community Survey reveals that 18.3% of SEAA elders above the age of 65 live in poverty – more than twice the national average. However, programs designed to improve economic security or provide temporary relief to older adults during COVID-19 are inadequately reaching SEAA elders due to language barriers, mistrust, and/or fear. In-person sources of community support and socialization have closed, and misinformation on COVID-19, as well as distrust of the government and health sectors, means elders aren't getting the help they need. Furthermore, an increase in hate crimes and racist rhetoric against Asian Americans has deterred SEAA elders from seeking help from the limited channels through which it is currently available.

To expand people-centered, trauma-informed (PCTI) services and supports for SEAA refugees with histories of trauma, and their family caregivers, national funding must support infrastructure projects that establish a national SEAA Aging Network in partnership with a broad network of local and national agencies that serve older adults and family caregivers. This funding would support national organizations such as the Southeast Asia Resource Action Center (SEARAC) that have long-standing track records of facilitating national networks, technical assistance, research, and sub-granting based on decades of established trust in the community and a proven track record of administering federal grants.

A SEAA Aging Network will provide sustainability for existing and proven efforts that currently provide support to older SEAA refugees with limited resources. An eight-year project will increase the knowledge and skills of aging-services providers to implement PCTI care for this and the next generation of elders.

Despite deep trauma and challenges, this is a community that is also defined by deep resilience. **To both remedy longstanding equity issues that have negatively impacted the SEAA community, and unearth the deep wisdom of community care, the SEAA Aging Network would transform and expand the care ecology needed to meet the needs of vulnerable SEAA communities through the following strategies:**

A. Provide technical assistance and SEAA cultural competency training for CMS-funded networks

Census data show that more than 85% of Vietnamese, Laotian, Cambodian, and Hmong older Americans have limited English proficiency, meaning that they speak English less than very well. Many of these elders live in households where no one speaks English. To meet the needs of vulnerable SEAA elders, it is critical for Area Agencies on Aging (AAAs) to have strong relationships with community-based organizations working directly with impacted individuals. Through a national SEAA Aging Network that is equipped to offer evidence-based, community-led, cultural competency training and technical assistance, CMS personnel can develop the skills required to address cultural and language barriers.

B. Educate SEAA elders to close the digital divide and navigate existing resources

Pervasive language and cultural barriers continue to prevent SEAA elders from accessing high quality, culturally, linguistically, and age-appropriate health and mental health care. For example, the majority of first-generation Cambodian and highland Laotian (i.e. Hmong, Iu-Mien, Khmu, and Thai-Dam) refugees had little to no formal education before arriving in the United States. Most are unable to read and write in their native languages and are limited-English proficient (LEP). In California, nearly 92% of LEP adults reported unmet needs for mental health services, with about 70% receiving no treatment at all.

Especially within a post-COVID-19 landscape that has transitioned many services to the digital realm, building digital literacy is essential to the wellbeing of SEAA elders and older adults. Misinformation and disinformation among SEAA elders and caregivers, such as a widespread rumor that COVID-19 could be transmitted through cell phones and computers, remain a difficult hurdle for service providers to navigate. A national SEAA Aging Network would decrease the social isolation amongst elders that had existed prior to, and has been exacerbated by, the current pandemic, while also connecting vulnerable communities with services that help them thrive. This grant would fund such activities as workshops on how to navigate technology to achieve greater connectivity and relationship-building. Furthermore, funds will enable SEAA elders to benefit from updated hardware and strengthened broadband connectivity.

Additionally, this grant will allow SEAA elders to develop the digital fluency needed to access existing resources and services that are largely being underutilized due to technological and cultural barriers. Funding would also support a public awareness campaign that increases critical thinking skills for elders to interpret good or bad sources of information. This campaign is essential to disrupt pervasive misinformation that exists on social media, where elders are beginning to receive more of their news and information. It would also bolster efforts to allow SEAA elders to be the producers of their own trusted content, such as video clips and public service announcements, on social media. These approaches would support strategies that are already being implemented by organizations such as Cambodian Association of Greater Philadelphia, and BPSOS Houston that national organizations such as SEARAC have convened nationally for decades.

C. Conduct research to understand SEAA community needs, gaps, and opportunities to inform a new care ecology for elders

This multi-year grant would see the SEAA community through its 50th anniversary of US resettlement with lessons yet to be learned and analyzed from this unique history. Funds would go toward such activities as a first-of-its-kind national survey harnessing insights from SEAA community-based organizations. Organizations such as SEARAC with a long track-record of conducting national research in partnership with local communities would be funded to conduct a thorough needs assessment and glean much-needed disaggregated aging data on SEAA elders and older adults who arrived as refugees decades ago. These research findings would inform a transition plan for the new generation of SEAA adults who are now finding themselves in uncharted territory, having to learn as they go while navigating care for their aging parents. Additionally, community-led research would support the analysis of data that have historically been underreported, including hate crime data amidst a surge of anti-Asian violence targeted at elders.

D. Workforce development to support existing and new care providers to provide culturally and linguistically responsive care

Family caregivers in many communities across the country are often the means through which older adults are connected to home and community-based services; in SEAA communities, where elders often expect that adult children and other family members will provide care, this is even more true. This grant would be used to provide essential training for existing family care providers, as well as offer cultural competency education for healthcare and medical providers working with SEAA elders who are not members of the SEAA communities. Additionally, this grant would support the development of new cadres of care providers equipped with cultural and linguistic competency.

Research conducted by SEARAC and the Diverse Elders Coalition (DEC) in 2019-2020 illuminated some of the challenges experienced by Southeast Asian American family caregivers. In our sample of SEAA caregivers, more than half agreed that they are the only person available to provide care to their care recipients. More than 22% of the caregivers in our survey agreed to feeling isolated due to caregiving, and 14.3% reported feeling more symptoms of depression as a result of their caregiving roles. Qualitative research revealed that SEAA caregivers were experiencing less personal time, limited engagement in other activities, and more stress and pressure than before they became caregivers. Perhaps because of the isolation and loneliness of this work, fully one quarter of those surveyed agree that caregiving had negative effects on their physical and emotional health.

Despite those challenges, however, SEAA caregivers reported in our research and in others that caring for family members fulfilled cultural norms, maintained cultural continuity, and strengthened their family ties. Funding through this opportunity would allow us to provide training to family caregivers to navigate caregiving responsibilities and support their well-being.

Additionally, this grant would further develop a training infrastructure for healthcare and service providers who work with SEAA caregivers. The grant could fund organizations such as the Diverse Elders Coalition that has developed comprehensive cultural competency training curriculum for providers, which could be expanded upon and delivered to greater numbers of providers. The DEC curriculum covers topics such as defining SEAA communities, understanding their health disparities, reviewing the SEAA caregiving research, and providing best practices and connections to organizations that serve SEAA caregivers and elders.

This grant would also develop a new cadre of care providers through various means. First, the funding could build partnerships between national organizations and local community colleges to train existing and new cadres of caregivers. Training content would include medication management, wound care, and other complex medical tasks with which family caregivers often struggle and rarely receive support. Additionally, the grant would offer community-based organizations serving SEAA elders and caregivers the opportunity to develop and document cultural preservation programs that would collect the wisdom, community-centered healing, and guidance offered by SEAA elders and caregivers and share it with others in the community and the next generation of caregivers. Participants in SEARAC and DEC's caregiving focus groups reported that support groups, training, and opportunities to connect with other caregivers and caregiving resources would be a boon to their role as caregivers.

An initiative to invest in an SEAA Aging Network would tackle long-standing inequities that have led vulnerable elders to be ignored and misunderstood, while offering insights and lessons to transform the broader care ecology for all vulnerable older adults to be seen and supported as they age with safety and dignity.

FUNDING OUTLINE FOR BLACK OLDER ADULTS: $120 million investment

Introduction

The National Caucus and Center on Black Aging, Inc. (NCBA), headquartered in Washington, D.C., is the only national aging organization that meets and addresses the overall welfare of the 5.5 million native- and non-native-born Black seniors living in the United States. Founded in 1970, NCBA focuses its services on low-income Black adults aged 60 and over – a population racked by twice the poverty rate of other senior citizens.

Given its comprehensive and integrated mission to assist and improve the quality of life for African American seniors, NCBA welcomes the Biden Administration's proposal to significantly expand broadband access to heretofore unserved or underserved communities.

While much of the public discourse has focused on the dearth of broadband services in rural America, we would call policymakers' and legislators' attention to the digital deserts in urban areas where many of NCBA's constituency lives. These areas cannot be overlooked or given short shrift if we are to end the digital segregation that complicates and even endangers the lives of poor Black elders. Broadband availability is not a cure-all—the problem is manifold—but it is prerequisite.

Overview: The Great Divide

Studies and censuses have consistently shown that the "digital divide" in the U.S. is pronounced in the African American community, especially among senior citizens. Only 30 percent of Black seniors have broadband at home, compared to 51 percent of White seniors. Older Black Americans are considerably more likely to use cell phones than they are to use the internet—77 percent have cell phones—but the great majority of them have basic phone service; a mere 18 percent own smartphones.

Like the telephone, the internet has outgrown its status as a luxury item or dispensable convenience and is now widely considered an essential tool of modern life. If ever there were doubts about its necessity, they were erased by the Covid-19 pandemic.

The Pandemic's "Reveal"

The Covid pandemic has been inordinately harsh on the aging Black population in the U.S. African Americans generally were more susceptible to severe infection, hospitalization, and death from the Covid-19 than any other demographic group, owing to the prevalence of underlying conditions born of inaccessible, unaffordable and discriminatory health care; adverse environmental conditions; and poor nutrition aggravated by "food deserts" and "food swamps."

According to the Centers for Disease Control and Prevention (CDC), African Americans were five times more likely to be hospitalized for Covid infection than were White Americans. The CDC reported that, among elderly Covid hospitalizations, Black seniors accounted for 37.3 percent, even though they represent only 12 percent of the 65-and-over population.

In addition to the health threats, the pandemic presented older Black Americans with another dilemma: How to survive in a locked-down society increasingly dependent on technology to secure basic goods and services like food, healthcare, and communication.

Pandemic-driven restrictions on person-to-person interactions required basic subsistence activities such as shopping for groceries, picking up prescriptions, and going to doctor or dentist offices to be handled virtually through technologies that many poor seniors did not have available to them, could not decipher, or could not afford. Further, social distancing rules precluded them from seeing friends and family or going to church – activities that are often social lifelines for low-income African American seniors, many of whom live alone. Some were unable to order grocery deliveries online, take advantage of telemedicine services, participate in family gatherings on online platforms such as Zoom, or attend religious services via live stream. When Covid testing and vaccines arrived, these same seniors were unable to navigate the logistics of locating service sites, making appointments and arranging transportation because these too were functions of the internet.

Unquestionably, for low-income Black elders, lack of access to the internet is far worse than a matter of inconvenience; it threatens their very health and safety.

The "Second-Level Digital Divide"

Aside from the absence of broadband services, NCBA's constituents have two other substantial needs for internet access—(1) affordability and (2) skills with which to maneuver the ever-changing internet with its multiple programs, protocols, and platforms.

On average, internet providers charge $70 per month for residential service. That amount is unaffordable for senior citizens on modest, fixed incomes. This cost is in addition to the price of desktops or laptops – a one-time expense, but again, far outside many seniors' budgets.

The skills gap, which some scholars have dubbed "the second-level digital divide," is problematic as well. For people in their 60s, 70s, 80s and 90s, the internet did not appear until well into middle age or even later. Their prior experience and education had not foreseen this game-changing invention, so many older Americans were not prepared for it beyond, perhaps, typing skills. Overcoming their dread and intimidation of high technology requires patience, training, and assistance that are in short supply in underserved communities.

What NCBA Can Do

NCBA has received and successfully administered significant federal funding from the U.S. Department of Housing and Urban Development (HUD); the United States Department of Labor; the United States Environmental Protection Agency; and the Department of Health and Human Services to ensure older adults, age 60+, without regard to economic status have equal opportunity to the fair and free enjoyment of safe and affordable housing; adequate income in retirement; job training and employment opportunities; and health and wellness programming that encourages vitality at a mature age.

As a grounded, experienced organization with nationwide reach and long-established relationships, NCBA proposes to create and manage the following services for older Black Americans in preparation for and with the advent of broadband availability to heretofore deprived areas:

A. Outreach to internet providers and policymakers to work in partnership with NCBA to establish special, low-rate structures for low-income seniors, so that they can afford wi-fi and other services.

B. Small grants to subsidize purchase of laptop or desktop computers for low-income seniors.

C. Grants to senior centers, community centers, and other brick-and-mortar sites in underserved communities for the purpose of outfitting and staffing computer labs with a predetermined number of "seniors only" hours for usage.

D. A multi-year commitment to education services with hands-on training in navigating the internet and an assortment of basic programs.

E. A multi-year commitment to virtual technical services and other assistance for seniors with questions or concerns about internet protocols and activities.

F. Publication and distribution of plain-language, user-friendly guides, and self-help videos on internet usage, culturally and contextually appropriate for this constituency.

G. **Continuing education through regular updates to seniors about new websites, new applications, and other technological changes or tips that will help them maintain and upgrade their computer skills.**

$40 MILLION INVESTMENT OVER EIGHT YEARS FOR CROSS-COMMUNITIES CAREGIVER SUPPORT INITIATIVE

The President's Plan recognizes the essential role the caregiving economy plays in the economic, social, and psychological well-being of older Americans and the importance of allowing people "to receive care at home, in a supportive community, or from a loved one."[i] Caregiving, especially for older adults, is one of the most overlooked challenges facing this country. It affects millions of families every day, in all walks of life. In 2014, an estimated 34.2 million individuals in the United States – nearly 15% of all adults – provided unpaid care to someone age 50 years or older who needed help due to limitations in physical, mental, or cognitive functioning. And this total grew rapidly by 25% to 41.8 million by 2020.

As with so many desperate needs, the challenges of achieving home and community based care are not shared equally. Research conducted by the Benjamin Rose Institute on Aging, in partnership with the Diverse Elders Coalition, demonstrates that the population the President's Plan targets for focused resource allocation -- diverse and disadvantaged communities -- face particular struggles in providing care to their loved ones. Communities of racially and ethnically diverse people, American Indians and Alaska Natives, and lesbian, gay, bisexual and/or transgender (LGBT) persons already represent more than a quarter of older Americans; that proportion will grow to more than 50% by 2050. The growing diversity of older Americans increases the demands on caregivers, especially family and friends, who provide up to 80% of all care to persons ages 65+ in need of assistance.

Caregivers in diverse communities play a pivotal role in helping delay or prevent costlier formal care, institutionalization, and unnecessary hospitalizations, thus saving significant amounts of public funding. In addition, language and cultural barriers to service providers often mean that family are the only available caregivers. Where family caregivers are not available, as is often the case for LGBT+ older adults, challenges are further compounded. Inadequate availability of culturally competent formal supports for these caregivers is a grave problem. Consequently, concerted national educational, training and support programs are needed to ameliorate the growing challenges faced by diverse caregivers. In 2018, the Diverse Elders Coalition, with philanthropic support from the John A. Hartford Foundation, launched a pioneer research and training effort as a first step toward addressing these issues.

In order to support diverse family caregivers and by extension those that they care for, we propose a $40 million program over eight years that will build on the Diverse Elders Coalition's pilot program by comprehensively training healthcare and social service providers across the country to identify and address caregiving challenges faced by communities of color, LGBT communities and America Indian/Alaska Native communities and offer tips and tools for providers looking to better serve diverse family caregivers and older adults. This initiative would meet two of the goals of the President's Plan: solidifying the infrastructure of the care economy and targeting long-standing injustice to diverse communities. The training would be offered both online and via in-person training sessions to health care and social service agency staff throughout the nation. The training curriculum will be designed to increase awareness of family caregiving issues among health care providers, make health care and social services more accessible to diverse family caregivers, and, ultimately, improve the physical and mental well-being of those caregivers. Additionally, evidence-based information, resources and support would be provided to caregivers and the elders who receive such care.

Per above, this program has a precedent: through its pilot, the Diverse Elders Coalition has been providing “family caregiving for diverse elders” training to healthcare and social service providers in both in-person and virtual formats. The curriculum was developed through extensive research in diverse communities and in cooperation with community organizations. It consists of separate modules tailored to the needs of the following communities: African American caregivers, American Indian and Alaskan Native caregivers, Asian American caregivers, Hispanic caregivers, LGBT caregivers, and Southeast Asian American caregivers. In addition to the training, there are fact sheets and a toolkit for the providers and COVID-19 resources for the family caregivers. This program has been successfully assisting diverse caregivers to be successful in caring for their elders. Additional resources to programs like these would allow the President to meet his commitment to supporting caregivers and expanding community services.

** Citations for sources available upon request
