July 20, 2017

Office of Management and Budget (OMB)
725 17th Street, NW
Washington, DC 20503
Attn: OMB Desk Officer for ACL

Submitted by e-mail to OIRA_submission@omb.eop.gov

RE: Agency Information Collection Activities; Submission for OMB Review; Comment Request; Revision of a Currently Approved Collection (ICR Rev); National Survey of Older Americans Act Participants (NSOAAP) (FR document number 2017-13030; 82 FR 28491)

To Whom It May Concern,

The National Association of Social Workers (NASW) appreciates the opportunity to comment on the notice issued by the Administration for Community Living (ACL) in the Federal Register on June 22, 2017. This letter follows up on the comments NASW submitted to ACL on May 12, 2017, in response to the administration’s proposed changes to the National Survey of Older American Act Participants (NSOAAP).¹

NASW appreciates ACL’s consideration of our previous comments, and we commend ACL for its decision to restore data collection about sexual orientation within the NSOAAP 2017 Revised. At the same time, we are distressed that the question about gender identity has not been restored to the revised version. Such an omission would leave transgender older adults at risk of services essential to their health, well-being, and independence. Moreover, the omission decreases ACL’s ability to fulfill the mission of the Older Americans Act (OAA): to “promote the well-being of older individuals by providing services and programs designed to help them live independently in their homes and communities.”²

Realizing the OAA mission is a high priority not only for ACL, but also for NASW. As the largest membership organization of professional social workers in the United States, with 130,000 members, NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. Social workers play an integral role throughout the Aging Network in providing services funded by the OAA, and NASW consistently supports reauthorization of and funding for OAA programs.³

Furthermore, social workers engage with and advocate for transgender older adults across service settings. Several foundational NASW documents emphasize the association’s support and advocacy for transgender older adults. For example, NASW’s “Aging and Wellness” policy statement notes that “structural biases and oppression, including those related to . . . gender identity, . . . impede access to economic, health, and social resources throughout the life span—and that the intersectionality of these cumulative effects often diminishes well-being later in life.”⁴ Likewise, intersectionality is a primary theme of the association’s Standards and Indicators for Cultural Competence in Social Work Practice,⁵ which stress not only the centrality of cultural competence in service

delivery, but also the education and training needed to provide culturally competent services. Similarly, the Code of Ethics exhorts social workers to prevent and eliminate discrimination on the basis of age, gender identity, and gender expression.⁶

Even more specifically, NASW’s “Transgender and Gender Nonconforming People” policy statement upholds the following principles:

- full human rights and the end to all public and private discrimination on the basis of gender identity and gender expression, whether actual or perceived, and regardless of assigned sex at birth, including denial of access to employment, housing, public accommodations, education, appropriate treatment in gender-segregated facilities matching self-identification, familial status, appropriate medical care and mental health coverage and appropriate identity documents
- open availability of comprehensive health, psychological, and social support services for transgender people and their families that are respectful and inclusive, and provided by skilled, educated professionals who have been trained to work effectively with TGNC [transgender and gender nonconforming] people.⁷

Most pertinent to the NSOAAP, NASW’s TGNC policy statement calls for “inclusion of TGNC individuals in health surveys and data collection, census data, and public health monitoring data at state and national levels through inclusion of questions on gender identity (independent of sexual orientation) [emphasis added].”⁸

Thus, maximizing service equity, access, and quality to transgender older adults in OAA-funded programs is a high priority for NASW. For this reason, NASW opposes the administration’s proposal to erase transgender older adults from the NSOAAP. The survey provides critical data on whether federally funded aging programs—case management, homemaker and transportation services, the National Family Caregiver Support Program, and congregate and home-delivered meals—reach all older adults, including transgender older adults. Moreover, the survey yields invaluable data about older adults’ self-reported physical, social, and emotional well-being.

As stated within ACL’s first call for comments on the 2017 NSOAAP,⁹ the survey tracks performance outcomes in OAA-funded programs and informs program development. NASW shares ACL’s commitment both to evidence-informed service delivery and to the role of data in evaluating effectiveness. Without data on services provided to transgender older adults, however, the Aging Network will not be able to assess its effectiveness in meeting the needs of the full community. Additionally, both state units on aging and area agencies on aging have asked ACL for more robust data about the Aging Network’s service provision to lesbian, gay, bisexual, and transgender (LGBT) older adults.⁹

The need for data on service delivery to LGBT older adults is stressed in Healthy People, a framework of “science-based, 10-year national objectives for improving the health of all Americans.”¹⁰ Within Healthy People 2020, the LGBT Health topic area identifies “elder health and well-being” as an issue that “will need to continue to be evaluated and addressed,” identifying the “lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders” as a “social determinant affecting the health of LGBT individuals.”¹¹ The LGBT Health

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⁸ Agency Information Collection Activities; Proposed Collection; Public Comment Request; Proposed Extension With Modifications of a Currently Approved Collection; National Survey of Older Americans Act Participants, 82 FR 13457 (March 13, 2017).
objectives focus entirely on the need for data collection.\textsuperscript{12} Even more to the point, the Older Adults topic area within Healthy People 2020 identifies “enhanced data on certain subpopulations of older adults, including aging LGBT populations,” as an “emerging issue in the health of older adults.”\textsuperscript{13} The Older Adults topic area includes two objectives especially relevant to data collected within the NSOAAP: (1) “reduce[ing] the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports” and (2) “reduce[ing] the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.”\textsuperscript{14}

Along the same lines, the Institute of Medicine has recommended that “data on sexual orientation and gender identity should be collected in federally funded surveys administered by the Department of Health and Human Services and in other relevant federally funded surveys.”\textsuperscript{15} The importance of such data in serving transgender older adults is underscored by the following research findings by various researchers, compiled in the newly released report \textit{Understanding Issues Facing LGBT Older Adults}.\textsuperscript{16}

- Nearly one-half of transgender older adults live at or below 200\% of the federal poverty level.\textsuperscript{17}
- One in four transgender adults aged 45 through 75 faces housing discrimination based on gender identity,\textsuperscript{18} and transgender individuals—especially women—encounter high rates of employment discrimination throughout their working lives.\textsuperscript{19}
- Transgender individuals aged 50 or older, especially women, are less likely to be married or partnered than are their cisgender counterparts,\textsuperscript{16} and their social support systems tend to be less robust than those of their cisgender peers.\textsuperscript{17}
- Transgender people often face health complications as they age or if they transition later in life.\textsuperscript{16} In particular, transgender adults aged 50 or older are more likely to experience poor physical health, disability, symptoms of depression, and perceived stress than are their cisgender peers.\textsuperscript{17} Yet, transgender people of all ages frequently encounter discrimination by health care providers,\textsuperscript{20} and the majority of transgender adults aged 45 through 75 report concern about their ability to access health care as they age.\textsuperscript{18}
- Although an estimated 130,000 veterans and individuals retired from the National Guard or the Reserve identify as transgender,\textsuperscript{21} those who were discharged under the 1993 “Don’t ask, don’t tell” law\textsuperscript{22} cannot access veteran’s benefits.


These realities are underscored by the following data:

- According to a report funded by the National Institutes of Health and the National Institute on Aging, transgender older adults face greater risk of suicidal ideation, disability, and depression than do cisgender older adults.²³

- A 2001 study conducted by the Administration on Aging (as cited in a 2010 report by the LGBT Movement Advancement Project [MAP] and SAGE [Advocacy and Services for LGBT Elders]) found that LGBT older adults were 20% less likely than other older adults to access government services such as housing assistance, meal programs, food stamps, and senior centers.²⁴ The fact that this research is dated reinforces the need for data collection on gender identity within the NSOAAP.

The preceding data demonstrate that LGBT older adults face multiple barriers to quality of life—barriers the Aging Network must address if it is to fulfill the OAA’s goal of “meet[ing] the diverse needs of the growing numbers of older persons in the United States.”²⁵ The aforementioned research findings also highlight the need for culturally competent service delivery to LGBT older adults. At the same time, NASW recognizes that data collection methods on gender identity may need to evolve. For example, the gender identity question used in the 2014–2016 NSOAAP (“What do you mean by something else?” [DE1a1, in response to DE1a, “Which of the following best represents how you think of yourself?”]) could be made more succinct. The experiences of other federal agencies, as well as of state agencies that collect gender identity data, may be useful in informing ACL’s efforts:

- The Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance (BRFSS) System, the largest ongoing health survey system in the world,²⁶ provide a number of examples of how ACL can identify transgender individuals. In 2013, for example, the state of Massachusetts adopted the following question within the BRFSS, as featured in a report by the Gender Identity in U.S. Surveillance (GenIUSS) Group:

> Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender?

  - Yes, transgender, male to female
  - Yes, transgender, female to male
  - Yes, transgender, gender non-conforming
  - No.²⁷

- Another approach recommended by The GenIUSS Group is the well-vetted two-step approach, in which survey administrators ask people their sex assigned at birth followed by a question about their current gender identity.²⁷

In conclusion, NASW urges ACL to reinstate and modernize data collection on gender identity within the NSOAAP. Such demographic information will help the Aging Network to ascertain the extent to which it reaches transgender older adults, understands this community’s needs, and meets those needs—as well as to identify and implement strategies to enhance service delivery to transgender older adults. Ultimately, these steps are essential to achieving the fundamental principle of the ACL: “that older adults and people with disabilities of all ages should be


able to live where they choose, with the people they choose, and with the ability to participate fully in their communities.  From the perspective of the social work profession, equitable, culturally competent service delivery to LGBT older adults is also central to the realization of human rights and of social and economic justice.

Thank you for your consideration of NASW’s comments. Should you have questions about the association’s comments, please contact my office at naswceo@naswdc.org or (202) 408-8200.

Sincerely,

Angelo McClain, PhD, LICSW
Chief Executive Officer

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