



**DIVERSE
ELDERS
COALITION**

305 Seventh Avenue
15th Floor
New York, NY 10001

T 646-653-5015
F 212-366-1947

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U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation, Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW
Washington, DC 20201

October 26, 2017

Re: Draft HHS Strategic Plan FY 2018-2022

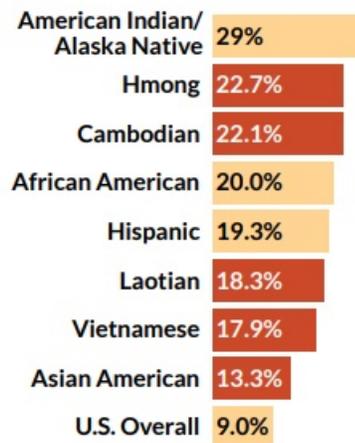
The Diverse Elders Coalition (DEC) thanks you for the opportunity to submit comments on the U.S. Department of Health and Human Services Draft Strategic Plan for FY 2018-2022. Founded in 2010, the Diverse Elders Coalition works to improve aging for racially and ethnically diverse people, American Indians and Alaska Natives, and lesbian, gay, bisexual and transgender (LGBT) people. We represent millions of older Americans, and as a coalition, we advocate for our communities’ right to age in good health and with dignity.

Addressing Racial and Ethnic Health Disparities

We were glad to note that the HHS Strategic Plan includes numerous references to addressing health and healthcare disparities. However, there is a concerning lack of reference to the distinct disparities that racial and ethnic minorities, in particular, experience. Health disparities are caused by a multitude of factors and are impacted by race, ethnicity, sexual orientation, gender identity, immigration and primary language, among others. This is one reason the HHS Office of Minority Health (OMH), Centers for Medicare & Medicaid Services Office of Minority Health and numerous other OMH divisions within HHS serve critical roles in supporting HHS’ Strategic Plan.

Racial and ethnic minorities, including African Americans, American Indians and Alaska Natives, Asian Americans, Pacific Islander Americans, and Native Hawaiians disproportionately experience a number of chronic conditions due to factors including poverty, inability to afford quality coverage, and challenges accessing culturally competent care, among others. Language barriers, lack of cultural competency, poverty, and immigration status all affect the ability of diverse elders to access care.

Poverty Rates for Individuals 65 and Over



Sources: US Census 2010, AARP, National Research Council



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It is for these reasons that we strongly recommend that the Draft Strategic Plan be revised to explicitly reference disparities amongst racial and ethnic minorities. Including more explicit references to racial and ethnic minorities is consistent with numerous federal efforts including the [HHS Action Plan to Reduce Racial and Ethnic Disparities](#), the first [CMS Equity Plan for Improving Quality in Medicare](#), and the [2016 National Health Care Quality and Disparities Report from the Agency for Healthcare Research and Quality](#). Failure to include more references to the disparities that racial and ethnic minorities, in particular, experience is a marked departure from the 2014-2018 HHS Strategic Plan. HHS should build on previous efforts and use them as a foundation for further disparities elimination.

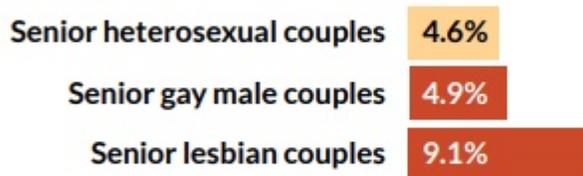
Acknowledging LGBT People and Improving Their Health

The Diverse Elders Coalition is extremely concerned by the elimination of any reference to the lesbian, gay, bisexual, and/or transgender communities in the HHS Strategic Plan for FY 2018-2022. The mission of the Department of Health and Human Services is “to enhance and protect the health and well-being of all Americans,” yet the erasure of LGBT people from the Strategic Plan overlooks the very real health challenges faced by this group of vulnerable Americans. Previous versions of the HHS Strategic Plan have included a variety of strategies focused on LGBT people, including:

- Promot[ing] cultural competency training for social service providers in the unique needs and experiences of LGBT youth, especially youth in foster care, youth experiencing homelessness, youth in juvenile detention, and youth in congregate living facilities related to mental health and substance abuse issues; and
- Support[ing] research that will increase our understanding of the health and health status of population subgroups such as racial and ethnic minorities, persons with disabilities, the reentry population, rural populations, and lesbian, gay, bisexual, and transgender (LGBT) populations

There are an estimated 2.7 million LGBT adults ages 50 or older living across the country. A lifetime of discrimination, especially in housing and employment, and a long-term lack of legal and social recognition combine to create deep economic insecurity for LGBT elders. Just as we have requested that the HHS Strategic Plan include greater reference to the health disparities faced by racially and ethnically diverse people, we also urge HHS to restore references to the LGBT populations, acknowledge the health disparities faced by LGBT communities and, in particular, LGBT older adults, and include strategies that will eliminate those disparities.

Poverty in the LGBT Community



Source: Goldberg, Naomi G. "The Impact of Inequality for Same-Sex Partners in Employer-Sponsored Retirement Plans." The Williams Institute, May 2009.



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Comprehensive, Disaggregated Data Collection

As HHS revises and finalizes its Strategic Plan for FY2018-2022, the DEC and its member organizations encourage the inclusion of guidelines for comprehensive, disaggregated data collection about the Americans served by HHS. This includes allowing consumers to identify their race, ethnicity, sexual orientation, and gender identity. This will allow the government, healthcare providers, and partner organizations to better identify the populations in greatest need for services and conduct culturally and linguistically competent outreach to those populations.

When collecting consumer data by race and ethnicity, models should include a maximum number of race data elements, with at least the same number used in the detailed groups included within the 2010 Census, as shown below. This is especially important for the Asian American and Pacific Islander community, as the 2010 Census included nine check-box options and two additional write-in options to ensure the largest count possible. An option for American Indians and Alaska Natives to write in the name of their tribe would also allow HHS to explore the health disparities and different needs of those populations, a historically underrepresented group in research.

→ **NOTE: Please answer BOTH Question 8 about Hispanic origin and Question 9 about race. For this census, Hispanic origins are not races.**

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

9. What is Person 1's race? Mark one or more boxes.

White

Black, African Am., or Negro

American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↴

Asian Indian Japanese Native Hawaiian

Chinese Korean Guamanian or Chamorro

Filipino Vietnamese Samoan

Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴

Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race — *Print race.* ↴

Additionally, collecting data on consumers' sexual orientation and gender identity, including opportunities for transgender and gender variant individuals to identify as such, will assist HHS in recognizing the unique health concerns of the LGBT communities.



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Promoting the Affordable Care Act (ACA)

The new strategic plan also does not mention the Department of Health and Human Services' role in promoting and carrying out the Affordable Care Act (ACA). The ACA has made it possible for many diverse elders to obtain health insurance for the first time in their lives and enabled thousands of low-income people living with HIV to obtain health insurance through the Medicaid expansion. The ACA also includes the first federal protections from discrimination in healthcare on the basis of sex and enshrines protections for Americans who are limited English proficient.

The coverage expansions through the Marketplaces and through Medicaid provide needed health insurance to older adults in the 55-64 age range. These older adults may have been forced out of the job market due to the economic downturn, illness, or age discrimination. They do not have employer coverage, cannot afford other private coverage, and are not yet eligible for Medicare.

The Affordable Care Act also includes many innovative programs that benefit seniors. The ACA includes provisions to strengthen care coordination for those who are dually eligible for Medicare and Medicaid. Without support from the HHS for these essential programs, low-income older adults could lose help they currently receive managing their doctors' visits, medications, and social supports. We urge HHS to explicitly state its commitment to the Affordable Care Act in the Strategic Plan for FY2018-2022 and include strategies for expanding outreach to vulnerable populations whose access to good health and quality healthcare are dependent upon the agency's robust support for the law.

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We thank you again for the opportunity to provide our comments on the HHS Strategic Plan for FY2018-2022 and hope you will keep diverse communities at the forefront of the life-saving work of the Department of Health and Human Services. If you have any questions or want to discuss further the comments we have provided here, please feel free to contact me at 646-653-5015.

Sincerely,

Jenna McDavid
National Managing Coordinator
Diverse Elders Coalition