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August 15, 2023

Alison Barkoff, Principal Deputy Administrator
Administration on Aging, Administration for Community Living
Department of Health and Human Services
Attention: ACL-AA17-P
330 C Street SW, Washington, DC 20201

RE: Comments in Support of Proposed Regulations Expanding Services for LGBTQI+ Seniors under the Older Americans Act - RIN Number 0985-AA17

Dear Administrator Barkoff:

Creating a More Positive Rehoboth, Inc. (CAMP Rehoboth) appreciates the opportunity to offer its full support of the proposed amendments to the regulations governing recipients of grants and other federal financial support under the Older Americans Act (OAA) as set forth in proposal RIN Number 0985-AA17 (the Proposed Rule). CAMP Rehoboth is a 501(c)(3) nonprofit community service organization in Delaware that is dedicated to creating a positive environment inclusive of all sexual orientations and gender identities in Rehoboth Beach, Delaware and its neighboring communities throughout Sussex County, Delaware, and even statewide. With a staff of five, an annual gross budget of \$1.6 million, and supported by over 4,000 local and regional members, including numerous volunteers, we seek to promote cooperation and understanding among all people, our mission is to “work to build a safer community with room for all.” We offer a wide range of social support, health promotion, and community education programs, including cultural competency training for law enforcement and social services personnel.

The Proposed Rule would, for the first time, explicitly add LGBTQI+ persons, and older persons living with HIV (older LGBTQI+/HIV persons) as populations of “greatest social need”

under Title III of the OAA (Title III services).¹ While Title III services are currently available to persons aged 60 and older, whether or not those persons are older LGBTQI+/HIV persons, they are prioritized to those with the “greatest economic need” and “greatest social need.” According to our research and first-hand experience, specifically including older LGBTQI+/HIV persons in the definition of “greatest social need” will be a critical step in helping the older members of our community for the following reasons:

- The need for OAA-funded services by older LGBTQI+ persons and their caregivers – including welcoming and culturally competent senior centers, nutrition programs, disease prevention and health promotion services, transportation, caregiver support, and legal services – is substantial, and is growing;
- OAA-funded services are critically important to, but are often not accessed by older LGBTQI+/HIV persons; and
- Access to services and training for service providers will directly help alleviate the needs of the older LGBTQI+/HIV members of our community.

We fully support the proposals to: amend the definition of “greatest social need” to include needs related to sexual orientation, gender identity, sex characteristics, and HIV status; the specific requirement that State and Area Agencies on Aging include services to LGBTQI+ persons and persons living with HIV 60 and older in their plans and service programs; and the expansive definition of “family caregivers” eligible for services. In addition, we support the Proposed Rule’s recognition of the importance of legal services for many older LGBTQI+ persons and persons living with HIV.

We request one improvement to the Final Rule: it should specifically notify State and Area Agencies on Aging to include training on LGBTQI+ older persons, and older persons living with HIV, and their needs, and also to conduct targeted outreach to these communities. Focused training and outreach are necessary because requirements to plan and provide for the needs of older sexually and gender diverse persons, and those living with HIV, will be new to many agencies and service providers, and lack of understanding of, and even hostility toward, these

¹ The Proposed Rule also contains extensive amendments to regulations under Title VI, which provides funding for services to older Native Americans, and Title VII, the Long-Term Care Ombudsman Program. Our comments focus on the Title III regulatory amendments.

communities is all too common, and a major reason why many older persons eligible for services avoid them.

A. Our Older LGBTQ+ Population is Growing

Delaware is experiencing what some have affectionately called a “Silver Tsunami.” As the baby boomer generation ages, birth rates drop, and technological advances increase lifespan, the population of older Americans, including older LGBTQI+/HIV persons, will only increase.

According to Census data, 30.8% of the population of Sussex County, Delaware was 65 or older in 2022.² In 2021, the percentage of residents age 60 and older was approximately 59% in Rehoboth Beach,³ 67% in Lewes,⁴ and 71% in Bethany Beach.⁵ The number of Delaware residents 60 and older is projected to grow substantially in Sussex County and in Delaware as a whole: an increase of 46.9% by 2040 in Sussex County, and an increase of 44.7% by 2040 in Delaware as a whole.⁶ According to the Williams Institute at the UCLA School of Law, fully 4.5 percent of Delaware’s adult population, or 34,000 of our residents, are LGB, and a full 6300 of Delaware adults identify as transgender.⁷ Juxtapose these numbers on the rising number of older Delaware residents overall, and it is easy to see that the need is real.

It is noteworthy that Delaware’s legislators have been contemporaneously considering legislation that affects our aging population, precisely because of the increase in the numbers of retirees who are choosing to relocate to Delaware, including LGBTQ+ retirees. Additionally, Delaware is considered one of the states on the forefront of protecting LGBTQ+ rights, largely because of the presence and advocacy of organizations such as CAMP Rehoboth. We are a state whose residents enjoy many of these rights, so we know how important initiatives such as the Proposed Rule are, because we are fortunate to live it every day. It only takes a simple exercise

² U.S. Census, [*Quick Facts, Sussex County, Delaware*](#);

³ Census Reporter, [*Rehoboth Beach, Delaware*](#).

⁴ Census Reporter, [*Lewes, Delaware*](#).

⁵ Census Reporter, [*Bethany Beach, Delaware*](#).

⁶ Delaware Division of Services for Aging and Adults With Physical Disabilities, [*Delaware State Plan on Aging, Oct. 1, 2020 – Sept. 30, 2024*](#), pp. 53 (Sussex County), 50 (Delaware).

⁷ Kerith J. Conron and Shoshana K. Goldberg, Williams Institute, [*Adult LGBT Population in the United States \(July 2020\)*](#).

in contrasting Delaware with less LGBTQ+ friendly states to see the tangible, positive benefits of bolstering local programs that would result from the adoption and implementation of the Proposed Rule.

B. OAA-Funded Services are Critically Important To, But Are Often Not Accessed By Older LGBTQ+/HIV Persons

As stated in the Preamble to the Proposed Rule (88 Fed. Reg. at 39,573, footnote omitted):

Isolation may also be related to sexual orientation, gender identity, or sex characteristics. For example, research indicates that LGBTQI+ older adults are at risk for poorer health outcomes and have lived through discrimination, social stigma, and the effects of prejudice, impacting their connections with families of origin, lifetime earnings, opportunities for retirement savings, and ability to trust health care professional and aging services providers. Demographics indicate that the population of HIV-positive older adults are likely to grow significantly for the next two decades, and such older adults may experience isolation due to stigma or lack of knowledge on aging issues for people who are HIV-positive.

These observations are amply supported by many studies and authorities. LGBTQI+ persons, including older persons, suffer from numerous physical and mental health disparities.⁸ Older LGBTQI+ are more likely to experience loneliness and social isolation, in substantial part because of experiences of discrimination, hostility, and lack of understanding by service and health care providers.⁹ It is well-documented that social isolation and loneliness are harmful to physical and mental health.¹⁰ The isolation and loneliness experienced by many older sexually

⁸ National Academies of Sciences, Engineering, and Medicine, UNDERSTANDING THE WELL-BEING OF LGBTQI+ POPULATIONS, Washington, DC: The National Academies Press (2020), pp. 287-347 (Chapter 11); Soon Kyu Choi and Ilan H. Meyer, Williams Institute, *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications* (2016); Charles A. Emlet, *Social, Economic, and Health Disparities Among LGBT Older Adults*, 40 *Generations* 16 (Summer 2016).

⁹ Williams Institute, *LGBT Aging*, *supra* n.8; Emlet, *Social, Economic, and Health Disparities Among LGBT Older Adults*, *supra* n.8; SAGE, National Resource Center on LGBT Aging, *Facts on LGBTQ+ Aging* (March 2021).

¹⁰ National Academies of Sciences, Engineering, and Medicine, [SOCIAL ISOLATION AND LONELINESS IN OLDER ADULTS: OPPORTUNITIES FOR THE HEALTH CARE SYSTEM](#), Washington, DC: The National Academies Press (2020); National Institute on Aging, National Institutes of Health, *Social Isolation, Loneliness in Older People Pose Health Risks* (April 23, 2019).

and gender diverse persons is particularly health-harming.¹¹ A study of 2015-2017 data from the National Survey of Drug Use and Health found that lesbian, gay and bisexual persons 50 and older had substantially higher rates of suicidal ideation than heterosexuals in that age range.¹² Welcoming, culturally competent services for older LGBTQ individuals have demonstrated positive effects on their health.¹³

The challenges faced by LGBTQ older people living in rural areas are particularly daunting, because of fewer social resources generally, transportation challenges, and a lack of welcoming and culturally competent care.¹⁴ This is a particular problem in Sussex County, which is overwhelmingly rural.¹⁵

These general statistics are consistent with our experience at CAMP Rehoboth. For instance, many older LGBTQ individuals and couples in our area, facing current or future illness and decline, are fearful of encountering discrimination, hostility or lack of understanding from home assistance staff and from assisted living and nursing facilities. With regard to health promotion services, we have heard many stories of lesbians who have delayed or forgone routine cancer screenings due to a mistrust of the medical community or abuse suffered as a child, only to discover they were suffering from advanced cancer. At CAMP, we provide breast health and cancer awareness workshops for women; and safe and secure HIV screening and counseling

¹¹ Emlet, *Social, Economic, and Health Disparities Among LGBT Older Adults*, *supra* n.8; Tom Parsons, *LGBTQ+ Isolation is a Public Health Problem*, Psychology Today (December 7, 2021); National Academies, *SOCIAL ISOLATION AND LONELINESS IN OLDER ADULTS*, *supra* n.10, pp. 20, 74, 87-88, 120, 128-29.

¹² Benjamin D. Capistrant and Ora Nakash, [*Suicide Risk for Sexual Minorities in Middle and Older Age: Evidence From the National Survey on Drug Use and Health*](#), 27 Am. J. Geriatr. Psychiatry 559 (2018).

¹³ Emlet, *Social, Economic, and Health Disparities Among LGBT Older Adults*, *supra* n.8. See also Angela K. Perone, Berit Ingersoll-Dayton, Keisha Watkins-Dukhie., *Social Isolation Loneliness Among LGBT Older Adults: Lessons Learned from a Pilot Friendly Caller Program*, 48 Clin. Soc. Work J. 1 (March 2020).

¹⁴ Megan Lahr, Carrie Henning-Smith, Gilbert Gonzales, University of Minnesota Rural Health Research Center, *Key Informant Perspectives on Supporting Health and Well-Being for LGBTQ+ Rural Residents* (September 2022); National Academies, *SOCIAL ISOLATION AND LONELINESS IN OLDER ADULTS*, *supra* n.10, pp. 128-29.

¹⁵ Cities in Sussex County are quite small, with populations ranging from less than 9,000 at the largest to less than two hundred. World Population Review, [*Cities in Sussex County, Delaware by Population 2023*](#).

because of the stories we have heard from gay men that they are afraid to go elsewhere due to possible disdain and judgment. In addition, partnering with the Delaware Division of Public Health, CAMP has held a number of mpox vaccination clinics for gay and bisexual men, concerned about the stigma they might encounter from other health care providers.

In 2016, CAMP Rehoboth issued an assessment of the health and wellness needs of senior LGBTQ+ persons in Sussex County. While that study found considerable areas of improvement in the climate and some resources for older LGBTQ+ people, the study also found that a majority of respondents reported that social and other services were inadequate and that there was a need for education and cultural competency training for service providers. In addition, a significant percentage of respondents reported that they had delayed or foregone services because of fear of encountering discrimination, hostility, or lack of understanding.¹⁶

It is for these reasons that CAMP Rehoboth is specifically supportive of the portion of the proposed new regulations that:

- Specifically includes “[l]esbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) persons” and “persons living with HIV or AIDS” in the greatest need categories that must be included in State plans and in the plans of Area Agencies on Aging;¹⁷ and
- Broadens the definition of “greatest social need” to “the need caused by noneconomic factors, which include ... [s]exual orientation, gender identity, or sex characteristics [and] HIV status.”¹⁸

The explicit inclusion of our communities in the definition of “greatest social need” is important because the proposed regulations require State plans and Area Agencies to consult with populations of “greatest social need” and to include persons from those populations, their representatives, and health care professionals and others who provide services to those communities on their governing boards and advisory councils.¹⁹

¹⁶ Camp Rehoboth Community Center, *Health and Wellness Needs of the Senior LGBTQ Community in Sussex County, Delaware: A Needs Assessment* (2016).

¹⁷ Proposed § 1321.27(d) (State plans) and § 1321.65(b)(2) (Area Agencies).

¹⁸ Proposed § 1321.3.

¹⁹ Proposed § 1321.29(a) (State agencies); proposed § 1321.55(b)(5) & (b)(10) (Area Agencies).

Additionally, the OAA includes caregivers of older persons among those who should be included in State and Area Agency plans. Accordingly, CAMP Rehoboth is also supportive of the Proposed Rule's broadened definition of "family caregiver" to include "unmarried partners, friends, or neighbors caring for an older adult."²⁰ This recognition is particularly important for our community, because so many aging and ill people rely on networks of friends, ex-partners, and others who are not "traditional" families for care and support.

We also appreciate the Proposed Rule's recognition that "legal assistance programs further the mission of the Act ... by serving the needs of those with greatest economic need or greatest social need, including, historically underrepresented, and underserved populations, such ... LGBTQI+ older adults"²¹ Specific mention of the importance of legal services for sexually and gender diverse older persons is important, because those populations are frequently disregarded, if not actually discriminated against, by a legal system and public policies that explicitly and implicitly are weighted to favor heterosexual and cisgender individuals, couples and families.²²

C. Caregiver Education and Targeted Community Outreach Will Be Required to ensure Adequate Services For the LGBTQI+ Community

When the Proposed Rule is adopted, substantial monies will be flowing from HHS to State and Area Agencies on Aging. The Delaware Health and Social Services Department's [Division of Services for Aging and Adults with Physical Disabilities](#) (DSAAPD), Delaware's State Agency on Aging, stands to gain substantial resources to implement the proposed new protections for older LGBTQI+/HIV persons. As demonstrated by the demographic statistics shared above, it is not an exaggeration to say that in Delaware, a large group of individuals will be added to the category of "greatest social need."

Key to implementation will be training of agency and senior center staff, social and health services providers, personal and home health care organizations and staff, and staff and administrators of long term care facilities, on the needs of LGBTQI+ older individuals and

²⁰ 88 Fed. Reg. at 214 (discussing the broad definition of "family caregiver in proposed § 1321.3).

²¹ 88 Fed. Reg. at 39,586.

²² National Academies, UNDERSTANDING THE WELL-BEING OF LGBTQI+ POPULATIONS, *supra* n.8, pp. 95-164 (Chapters 5 and 6).

families, and how to deliver welcoming, competent services to those communities, whether to long term caregivers, nursing homes, or state agency employees. Also key will be targeted outreach to older LGBTQI+/HIV persons to ensure they are aware of the services to which they are legally entitled.

Given the growing climate in the nation of hostility towards sexually and gender diverse people, CAMP Rehoboth strongly encourages ACL be particularly mindful about holding State and Area Agencies on Aging, including DSAAPD, accountable for specifically including older LGBTQI+/HIV persons in Delaware's state and area plans and for robustly implementing those plans. CAMP Rehoboth stands ready to help partner with DSAAPD and other organizations and agencies who operate in this space to help ensure the successful implementation of the proposed new regulations when they are adopted. Our expertise in cultural competency training and community education, and our extensive contacts and reputation in the community, position us to make substantial contributions in training, community outreach, and implementation.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Kim Leisey".

CAMP Rehoboth, Inc.

Kim Leisey, PhD, Executive Director

Cc: Melissa Smith, Director, DSAAPD, via email (melissa.smith@delaware.gov)