May 12, 2017

Department of Health and Human Services
Administration for Community Living
Washington, DC 20201

On behalf of the Center for Data Innovation (datainnovation.org), we are pleased to submit these comments in response to the Department of Health and Human Services’ (HHS’) request for public comment on proposed changes to the National Survey on Older Americans Act Participants.1

The Center for Data Innovation is the leading think tank studying the intersection of data, technology, and public policy. With staff in Washington, DC and Brussels, the Center formulates and promotes pragmatic public policies designed to maximize the benefits of data-driven innovation in the public and private sectors. It educates policymakers and the public about the opportunities and challenges associated with data, as well as technology trends such as predictive analytics, open data, cloud computing, and the Internet of Things. The Center is a non-profit, non-partisan research institute affiliated with the Information Technology and Innovation Foundation.

HHS should once again include voluntary questions about participants’ sexual orientation and gender identity in the National Survey on Older Americans Act participants to help combat data poverty and address the unique challenges faced by elderly LGBT Americans.

Please find our responses to the relevant questions in the attached document.

Sincerely,

Daniel Castro
Director

WAYS TO ENHANCE THE QUALITY, UTILITY, AND CLARITY OF THE INFORMATION TO BE COLLECTED

The National Surveys of Older Americans Act Participants (NSOAAP) are crucial data sources for the federal government, allowing administrators overseeing programs that provide meals, caregiver support, transportation, and other valuable services for elderly Americans, to make more informed funding decisions and better evaluate program effectiveness. In 2014, HHS updated NSOAAP to include a question asking about participants’ sexual orientation and gender. Civil rights organizations lauded the inclusion of these questions, as they could help the federal government collect the data it needs to address the unique problems faced by elderly LGBT Americans that often go unmeasured in federal data collection efforts.

In the proposed draft of the 2017 NSOAAP, HHS has removed these key demographic questions. This is unfortunate, as it both limits the ability of administrators and service providers to learn how they can improve the efficacy of their programs, as well as exacerbates the challenges faced by elderly LGBT Americans already experiencing data poverty—the social and economic inequalities that arise when a community is unable to participate in data collection efforts that can generate social and economic benefits. By not collecting this data, the federal government would do a great disservice to the 3 million elderly LGBT people living in the United States. This community already faces unique challenges making reliable and effective support from the federal government all the more important. For example, 42 percent of elderly LGBT people are very or extremely concerned that they do not have sufficient retirement savings, compared to 25 percent of non-LGBT elderly people that feel the same way. Elderly LGBT people are also more likely to live alone than non-LGBT elderly people—34 percent, versus 28 percent representing the elderly population as a whole. Elderly LGBT people also have smaller support networks than non-LGBT elderly people, and they have a higher risk of poverty than the general population.
In response to this proposed change, a bipartisan group of 19 senators wrote a letter asking HHS Secretary Tom Price to once again include questions about sexual orientation and gender identity in the NSOAAP so the federal government can better address the challenges that millions of elderly LGBT Americans face. HHS should recognize the importance of combating data poverty and include these voluntary demographic questions in the NSOAAP.

3 Ibid.
7 Ibid.