



DIVERSE
ELDERS
COALITION

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diverseelders.org
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MEMBER ORGANIZATIONS

National Asian Pacific Center
on Aging

National Hispanic
Council on Aging

National Indian
Council on Aging

Services and Advocacy
for GLBT Elders

Southeast Asia Resource
Action Center

CMS Innovation Center
7500 Security Boulevard
Baltimore, Maryland 21244

October 20, 2017

Dear Director,

The Diverse Elders Coalition (DEC) writes in response to the CMS Innovation Center request for information on a potential new direction for the Center. We welcome innovation but encourage CMS to ensure that any new model designs take into account the unique needs of racially and ethnically diverse Americans, American Indians and Alaska Natives, and LGBT older adults.

As the U.S. population grows, it will increasingly become more diverse. By 2040, one in three older Americans will be a person of color or an American Indian/Alaska Native¹. Our nation's population is also aging. In 2050, the population aged 65 and over is projected to be 83.7 million, almost double its estimated population of 43.1 million in 2012². Additionally, although largely invisible until very recently, LGBT older adults make up a significant (and growing) share of both the overall LGBT population and the larger 65+ population³.

These diverse older adults face some of the most extreme barriers to aging with dignity and in good health. Latinos, African Americans, and American Indians/Alaska Natives are more likely to be uninsured relative to whites. People of color also face increased barriers to accessing care, receive poorer quality care, and experience worse health outcomes⁴. And LGBT older adults experience discrimination, fear and uncertainty in the healthcare setting: 65% of transgender adults feel that there will be limited access to healthcare as they grow older⁵.

As the CMS Innovation Center engages consumers and tests out new models for service delivery, the DEC and its member organizations encourage you to collect comprehensive, disaggregated data on race, ethnicity, sexual orientation, and gender identity of the people you serve. This will allow CMS, providers, and partner organizations to better identify the populations in greatest need for services and conduct culturally and linguistically competent outreach to those populations.

1. US Census Bureau: THE NEXT FOUR DECADES: The Older Population in the United States: 2010 to 2050. <https://www.census.gov/prod/2010pubs/p25-1138.pdf>

2. US Census Bureau: An Aging Nation: The Older Population in the United States. <https://www.census.gov/prod/2014pubs/p25-1140.pdf>

3. Movement Advancement Project: Understanding Issues Facing LGBT Older Adults. <http://lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf>

4. Kaiser Family Foundation: Disparities in Health and Health Care: Five Key Questions and Answers. <https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>

5. SAGE: Out & Visible: The Experiences and Attitudes of LGBT Older Adults, Ages 45-75: https://sageusa.org/files/LGBT_OAMarketResearch_Rpt.pdf



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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 Census⁵. 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 CMS to explore the health disparities and different needs of those populations, a historically underrepresented group in research⁶. Additionally, data on consumers' sexual orientation and gender identity, including opportunities for transgender and gender variant individuals to identify as such, will assist CMS in recognizing the unique health concerns of the LGBT communities.

We are encouraged by the inclusion of patient-centered care in the guiding principles for the CMS Innovation Center's new direction. Patient-centered care can both reduce healthcare costs and improve health outcomes for patients. However, African Americans and Latinos are twice as likely as whites to rely upon a hospital outpatient department as their regular source of care, rather than a doctor's office where opportunities for patient-centered care are greater⁷. This is due to a number of factors, including higher rates of uninsured patients in communities of color, and a limited availability of primary care physicians in some communities of color. The Diverse Elders Coalition urges CMS to not take any new direction that further limits our communities' access to quality, affordable patient-centered care, and we hope that the CMS Innovation Center will in fact work to improve access to care for diverse elders.

We are grateful for the opportunity to help shape the CMS Innovation Center for the older adults who need care today and the generations who will need care in the future. If you have any questions about the comments that we have submitted, please feel free to call me at 646-653-5015 or email me at jmcdavid@diverseelders.org. Thank you very much for your time and consideration.

Sincerely,

Jenna McDavid
National Managing Coordinator
Diverse Elders Coalition

cc: Seema Verma, Administrator, Centers for Medicare and Medicaid Services
Eric Hargan, Acting Secretary, U.S. Department of Health and Human Services

5. Pew Research Center: What Census Calls Us: A Historical Timeline.
<http://www.pewsocialtrends.org/interactives/multiracial-timeline/>

6. Diversity in Clinical and Biomedical Research: A Promise Yet to Be Fulfilled:
<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001918>

7. Kaiser Family Foundation: Eliminating Racial/Ethnic Disparities in Health Care: What are the Options? <https://www.kff.org/disparities-policy/issue-brief/eliminating-raciaethnic-disparities-in-health-care-what/>