

July 6, 2021

Shalanda Young
Acting Director
The Office of Management and Budget
725 17th Street, NW
Washington, D.C. 20503

Submitted via <https://www.regulations.gov>

Re: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government (RFI) OMB-2021-0005

Dear Acting Director Young,

We appreciate the opportunity to provide information in response to this Request for Information (RFI) OMB-2021-0005: Methods and Leading Practices for Advancing Equity and Support in Underserved Communities Through Government. Justice in Aging strongly supports the Administration's focus on advancing equity through Executive Order 13985, the White House COVID-19 Health Equity Task Force, and other efforts aimed at securing a more equitable future for all Americans.

Justice in Aging is a non-profit organization with the mission of improving the lives of low-income older adults living in the United States. For 47 years, we have used the power of law to fight senior poverty by securing access to affordable health care, economic security, housing, elder justice, and the courts for older adults with limited resources. Our mission is to secure the opportunity for older adults to live with dignity, regardless of financial circumstances—free from the worry, harm, and injustice caused by lack of health care, food, or a safe place to sleep.

Using our expertise in Social Security, Supplemental Security Income, Medicare and Medicaid, we work to strengthen the social safety net and remove the barriers low-income seniors face in trying to access the services they need. We also provide technical expertise to thousands of advocates across the country on how to help low-income older adults access the programs and services they need to meet their basic needs. Our advocacy centers on populations that have traditionally lacked legal protection, including people of color, people with limited English proficiency (LEP), women, and LGBTQ individuals, and earlier this year, we launched a new [Strategic Initiative to Advance Equity](#) in our programmatic advocacy on behalf of these communities.¹

[Introduction: Protecting Older Adults from Discrimination is Critical to Advancing Equity](#)

The past two years alone have demonstrated the critical need for equity in this country. Black Americans continue to face the ongoing impacts of historical and present-day discrimination, from anti-Black police violence to economic injustices in the workforce. The COVID-19 pandemic has exposed the deeply-seated systemic inequities in public health and beyond, which have been part of our country's

¹ Justice in Aging, *Strategic Initiative to Advance Equity* (Mar. 2021), available at <https://justiceinaging.org/wp-content/uploads/2021/03/Advancing-Equity-Framework.pdf>.

fabric since its inception. Grappling with these inequities – both historic and contemporary in nature – forces us to combat the reality that two Americas exist and are dictated largely by race, gender, and other immutable characteristics.

The COVID-19 pandemic has further exposed pervasive ageism in our systems and policies, devaluing the lives of older adults or sometimes even rendering them invisible or an after-thought. The day-to-day response to the pandemic is emblematic. For example, [crisis standards of care](#) – rationing guidance for healthcare systems and providers – routinely allowed providers to discriminate on the basis of age and disability.² Those policies often prioritized individuals based on life expectancy, failing to recognize the role that structural racism in healthcare plays to reduce life expectancy for many older adults of color. That intersectional discrimination was pervasive from the beginning as the virus spread throughout the country: nursing facilities and other congregate settings saw disproportionate illness and death compared to the general population, but those hardest hit were facilities with higher proportions of residents of color.³ When vaccines were finally available and older adults were prioritized in federal and state guidance, access proved to be a problem. Communities across the country were constrained by scarce supply, but older adults needing vaccines administered at home or transportation to a vaccination site often faced insurmountable barriers. Even today, as older adults have been eligible for the vaccine for several months, alarming racial disparities among vaccinated and un-vaccinated older adults persist. Recent [data from the state’s public health officials](#) suggest that under 40 percent of Latino Californians ages 70-79 are vaccinated, compared to almost 100 percent of their white counterparts.⁴

Although the COVID-19 pandemic highlighted ways in which ageism and other forms of structural discrimination work - sometimes in an intersectional manner - to harm marginalized communities, they are not new. Congress recognized the pernicious effects of ageism and sought to combat it with the passage of the Age Discrimination Act of 1975 and the Age Discrimination in Employment Act of 1967.⁵ Most recently, Congress reiterated the importance of fighting ageism in healthcare by incorporating protections against age-based discrimination in Section 1557 of the Affordable Care Act.⁶

Even outside of the COVID-19 context, older adults from specific communities face ageism and other forms of systemic discrimination. Take, for example, an older Black lesbian woman who may experience

² Gelila Selassie and Regan Bailey, *Fighting Ageism in Crisis Standards of Care*, *Generations* (Mar.-Apr. 2021), available at <https://generations.asaging.org/fighting-ageism-crisis-standards-care>.

³ The New York Times, *The Striking Racial Divide in How COVID-19 Has Hit Nursing Homes* (May 21, 2020), available at <https://www.nytimes.com/2020/05/21/us/coronavirus-nursing-homes-racial-disparity.html>; Kaiser Family Foundation, *Racial and Ethnic Disparities in COVID-19 Cases and Deaths in Nursing Homes* (Oct. 27, 2020), available at <https://www.kff.org/coronavirus-covid-19/issue-brief/racial-and-ethnic-disparities-in-covid-19-cases-and-deaths-in-nursing-homes/>; Rebecca Gorges and R. Tamara Konetzka, *Factors Associated With Racial Differences in Deaths Among Nursing Home Residents with COVID-19 Infection in the US* (Feb. 10, 2021), available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776102>.

⁴ California Department of Public Health, *1+ Dose Vaccination Rates by Race/Ethnicity & Age Combinations, Statewide* (May 12, 2021), available at <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CVACPresentation05122021.pdf>.

⁵ 42 U.S.C. sec. 6101-07 (1975); 42 U.S.C. sec. 621 et. seq. (1967).

⁶ 42 U.S.C. sec. 18116 (2010).

[discrimination](#) in the workplace or a long-term care facility.⁷ Some of that discrimination might be based on a specific part of her identity (e.g. age) while others may stem from the intersection of two or more of those parts (e.g. age and sexual orientation). In fact, the harms of discrimination compound for older adults who experience discrimination on the basis of multiple identities over their lifetimes. The compounding effects of gender disparities in both access to work and equal pay, coupled with norms that position women as primary caregivers in many families, contribute to [women aging into poverty](#) at higher rates than men.⁸ Similarly, as a result of past and current discrimination, [LGBTQ older adults](#) are at higher risk of social isolation with less robust support systems, contributing to higher rates of poverty and mental health conditions.⁹

Therefore, government programs must play an essential role in ending the systemic inequities faced by older adults of color, older women, LGBTQ older adults, older adults with disabilities, and older adults who are immigrants or have limited English proficiency (LEP). Protecting older adults from discrimination is critical to advancing equity. As Ibram Kendi argues in his anti-racism [work](#), undoing racism requires efforts to consistently identify and describe it and then dismantle it.¹⁰ Similarly, without explicit strategies, the unique, compounding and intersectional discrimination that these older adults experience will not be fully addressed and may continue to persist or even be exacerbated. As a threshold matter, we encourage the Administration to explicitly include strategies to address ageism and the intersectional discrimination experienced by older adults of color, older women, LGBTQ older adults, older adults with disabilities, and older adults who are immigrants or have LEP in response to OMB-2021-0005, which is currently silent on ageism and the intersectional discrimination that these older adults experience.

With that aim in mind, we offer specific comments below on Areas 1 (equity assessments and strategies), 2 (barrier and burden reduction), 4 (financial assistance) and 5 (stakeholder and community engagement).

We also offer our full support for comments submitted by the Movement Advancement Project and the Center for American Progress about the need for LGBTQI+ data collection as a critical part of advancing equity through government. We further support comments from the National Women's Law Center and others regarding the need for government to collect data in a consistent matter on the basis of race/ethnicity, sex, sexual orientation, gender identity, disability and other key measures.

Area 1: Equity Assessments and Strategies

With respect to equity assessments and strategies, one of the greatest areas of improvement pertains to the collection of intersectional data. As we explained above, older adults face the impacts of ageism and compounded discrimination on the basis of other identities. Yet too routinely government agencies

⁷ Kevin Prindiville and Denny Chan, *Navigating the Patchwork of Civil Rights Protections for Older Adults*, Generations (Winter 2019-2020), available at

https://www.jstor.org/stable/26908294?seq=2#metadata_info_tab_contents.

⁸ Justice in Aging, *Older Women & Poverty* (Dec. 2018), available at <http://justiceinaging.org/wp-content/uploads/2018/12/Older-Women-and-Poverty.pdf>.

⁹ Denny Chan and Vanessa Barrington, *How Can Legal Services Better Meet the Needs of Low-Income LGBT Seniors?* (June 2016), available at <http://www.justiceinaging.org/wp-content/uploads/2016/06/How-Can-Legal-Services-Better-Meet-the-Needs-of-Low-Income-LGBT-Seniors.pdf>.

¹⁰ Ibram Kendi, *How to be an Antiracist*, Aspen Ideas Festival (2019), available at <https://www.aspenideas.org/sessions/how-to-be-an-antiracist>.

only collect or report on data with respect to age or other identities separately (e.g. by race or by age). For example, the Centers for Disease Control and Prevention (CDC)'s [weekly demographic reporting](#) of COVID-19 cases and deaths only allows to toggle among sex, age, and race/ethnicity separately¹¹. The same is true for the CDC's [vaccination demographic data](#).¹² Even when data is being collected, government agencies sometimes refuse to make it publicly available. Those agencies that are collecting data on primary language are not using and sharing that information across agencies to better serve constituents who need language access resources (e.g., Social Security and Medicare). Many agencies are also lagging on collecting data on sexual orientation, gender identity and variations in sex characteristics (also known as intersex status) (SOGISC).

In the case of the Social Security Administration (SSA), the agency no longer collects or regularly reports data about the race and ethnicity of claimants and beneficiaries. Without recent data, it is impossible to assess whether previously documented racial disparities persist. Past SSA data reveal racial disparities in multiple aspects of SSA's programs. [A 1992 GAO report](#) showed that Black applicants consistently were awarded benefits at lower rates than white applicants.¹³ For example, in 1988, the allowance rate was 29% for Black Disability Insurance (DI) applicants and 36% for white DI applicants. That same year, the allowance rate was 29% for Black SSI applicants, compared to 37% for White SSI applicants. GAO's analysis found that these racial disparities in allowance rates could not be explained by other key factors, such as age, impairment, or education. [A 2003 GAO report](#) found that, among claimants without attorneys, Black claimants were significantly less likely to be awarded benefits compared to white claimants.¹⁴ Now nearly twenty years old, the report also found that other factors – including sex, income, and the presence of an interpreter at a hearing – had a statistically significant influence on the likelihood of benefits being awarded.

The lack of current intersectional data like this from many government agencies ignores the intersectional experiences of many low-income older adults and frustrates attempts to advance equity for them. Without more granular data, we are unable to provide much-needed support to anecdotal reporting of structural inequities and further unable to work with government agencies and their contractors to advance equity in targeted ways. Therefore, we strongly encourage federal agencies to review their data collection processes, disaggregate their data sufficiently to ensure that intersectional data is being collected with respect to age, race, ethnicity, sex, and other identities, and make such data publicly available.

¹¹ Centers for Disease Control and Prevention, *COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex* (last updated July 3, 2021), available at <https://covid.cdc.gov/covid-data-tracker/#demographicvertime>.

¹² Centers for Disease Control and Prevention, *Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States* (last updated July 6, 2021), available at <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic>.

¹³ United States General Accounting Office, *Social Security Racial Difference in Disability Decisions Warrants Further Investigation* (Apr. 1992), available at <https://www.gao.gov/assets/hrd-92-56.pdf>.

¹⁴ United States General Accounting Office, *SSA Disability Decision Making: Additional Steps Needed to Ensure Accuracy and Fairness of Decisions at the Hearings Level* (Nov. 2003), available at <https://www.gao.gov/assets/gao-04-14.pdf>.

Area 2: Reducing Barriers and Burdens for Low-Income Older Adults

Low-income older adults, especially older adults of color, older women, LGBTQ older adults, older adults with disabilities, and older adults who are immigrants or have LEP face a number of barriers and burdens in accessing public benefits programs. We support the federal government's ask of agencies to complete a comprehensive review of policies and procedures to ensure that they do not erect barriers and perpetuate existing disparities. We identify the following as a non-exhaustive start:

- [Medicaid estate recovery](#): As an initial matter, Medicaid estate recovery scares away a number of low-income older adults from applying for and accessing much-needed services under Medicaid out of fear that their estate will be seized posthumously.¹⁵ For those who receive Medicaid services, the facially-neutral policy disproportionately keeps many families from communities of color in poverty, seizing one of the few means that lower-income families build generational wealth.
- Over-reliance on web-based platforms: Particularly in light of the COVID-19 pandemic, we have witnessed a boom in the availability of telehealth services, and during the beginning of rolling out vaccines, a reliance on web-based platforms to register for services. While expanding service modalities is important, an over-reliance on web-based services presents particular barriers and burdens for low-income older adults, who may lack access to broadband, prefer in-person or telephone interactions, and/or need alternative formats or interpretation services. Access to broadband and the need for interpretation services are barriers that disproportionately fall on communities of color.¹⁶
- Unnecessarily stringent redetermination processes: Redeterminations for individuals already eligible for benefits like Medicaid and other services often require significant documentation and on fairly tight timelines. Particularly for low-income older adults who are often living on fixed incomes, programs that require frequent redeterminations, in-person interviews, and/or extensive documentation are unnecessary burdens that only serve to disrupt vital assistance. Individuals often confuse their redetermination requirements for different income-based benefits, especially when those benefits have similar certification periods. For example, often someone could apply for SNAP and Medicaid at the same time at their local social services office and receive letters asking for proof of income at re-certification. If they submit documents to only one office, or to the social services building, either or both of their benefits could be terminated for failure to submit documentation. During the Public Health Emergency (PHE), several states have relaxed burdensome requirements for Medicaid that should continue beyond the PHE. For example, under several Medicaid emergency authorities, several states extended the period for re-assessments and re-determinations, modified the process for level of care evaluations, and accepted self-attestation for determining eligibility, among other provisions.¹⁷ These flexibilities made it easier for older adults and people with disabilities to continue getting crucial services during the pandemic.

¹⁵ Justice in Aging et. al, *Medicaid Estate Claims: Perpetuating Poverty & Inequality for a Minimal Return* (Apr. 2021), available at <https://justiceinaging.org/wp-content/uploads/2021/04/Medicaid-Estate-Claims.pdf>.

¹⁶ Humana Foundation and AARP, *Aging Connected: Exposing the Hidden Connectivity Crisis for Older Adults* (Jan. 2021), available at <https://oats.org/wp-content/uploads/2021/01/Aging-Connected-Exposing-the-Hidden-Connectivity-Crisis-for-Older-Adults.pdf>.

¹⁷ Justice in Aging, *Summary: How States are Modifying HCBS Programs to Address COVID-19 Emergency* (Mar. 26, 2020), available at [https://justiceinaging.org/summary-how-states-are-modifying-hcbs-programs-to-address-covid-](https://justiceinaging.org/summary-how-states-are-modifying-hcbs-programs-to-address-covid-19-emergency)

- This is particularly true regarding requirements to show immigration status, which can deter even lawfully present individuals by creating a chilling effect from accessing much-needed services. In addition, low-income older adults, for example those who spend time with family members at other physical locations, may not check mail regularly, or may need assistance understanding a letter from a government agency. We find requirements like these onerous especially when agencies can enter into inter-agency agreements to share information and reduce what individuals are asked to provide.¹⁸
- Inadequate [transportation to services](#): While Area Agencies on Aging, Medicaid, and other local programs may provide transportation services, low-income older adults continue to face barriers in accessing services because there either is no transportation available, they are unaware of how to access such transportation, or the transportation services do not meet their needs.¹⁹ For example, the transportation available may not meet the needs of older adults with disabilities who require specialized medical transportation, or the transportation may be so difficult to arrange that the older adult gives up altogether. Even when transportation is available, it must also be culturally and linguistically appropriate.
- Inability to access services and materials in-language: Language access for LEP older adults remains a central issue. Providing language access, whether through translated materials or interpreter services, is a responsibility of federal agencies and required under Title VI of the Civil Rights Act of 1964, yet even today, applications for Medicare and Social Security are not available in languages other than English and Spanish, and the same is true for vital documents like the [Medicare & You Handbook](#).²⁰ Even during the COVID-19 pandemic, we witnessed how [little information](#) was available in-language for LEP individuals.²¹

In addition, we ask that agencies consider the significance of trauma in qualifying and applying for benefits programs and offer several considerations for more equitable service delivery. Because many low-income older adults have faced a lifetime of discrimination, the impact of such trauma cannot be overlooked. Many older adults have experienced war and poverty, corrupt government regimes and other sources of trauma, making interactions with government – even for services and benefits – potentially stressful and triggering. **We encourage federal agencies to adopt trauma-informed**

[19-emergency/](#); Kaiser Family Foundation, *Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19* (last updated Jul. 1, 2021), available at <https://www.kff.org/coronavirus-covid-19/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/>.

¹⁸ Even in instances where the relevant government agencies automatically share information and reduce the burden on consumers to provide information, we continue to see gaps. Take, for example, individuals on Supplemental Security Income (SSI) who automatically receive Medicaid as a function of their SSI-status. Although SSI-linked individuals do not need to complete a separate Medicaid application, the information that the Social Security Administration (SSA) shares with state Medicaid agencies is minimal, often resulting in unique problems for these individuals.

¹⁹ Justice in Aging et. al, *Medicaid Non-Emergency Medical Transportation: An Overlooked Lifeline for Older Adults* (Oct. 2016), available at <http://justiceinaging.org/wp-content/uploads/2016/11/NEMT-Medicaid-Transportation.pdf>.

²⁰ Justice in Aging et. al, *Translations of Medicare & You* (June 8, 2021), available at https://justiceinaging.org/wp-content/uploads/2021/06/Translation-of-Medicare-You_20210608.pdf.

²¹ National Health Law Program, *Administrative Complaint re: Discriminatory provision of COVID-19 services to persons with limited English proficiency* (Apr. 30, 2021), available at <https://healthlaw.org/wp-content/uploads/2021/04/OCR-LEP-Complaint-4-30-21-for-publication.pdf>.

practices when working with older adults and other individuals.²² We also suggest training, especially on issues of implicit bias, for agency staff and their contractors who interact with consumers, to combat discriminatory notions like the pervasive myth that women of color disproportionately rely on public benefits (i.e. “welfare queen”) or that people of color over-report pain, leading them to be evaluated for less care.

With respect to assessments, we ask that federal agencies evaluate programs with respect to people served and the quality of those services, steering away from a reliance on number of dollars spent. For example, with regard to long-term services and supports, the Centers for Medicare & Medicaid Services (CMS) should not focus solely on dollars spent rebalancing home and community-based services (HCBS) versus institutional services, but rather include measures to capture the number of people served and the number and types of diversions and transitions instituted. In doing so, it is important to evaluate such programs with equity in mind. When looking at HCBS – and even more broadly at other programs – CMS should look at how many people of color are served and how that compares to the overall local community. We are aware that in some states older adults in communities of color are underserved by certain HCBS waiver programs as a function of their proportion in the overall population. Lastly, we ask federal agencies to consider utilizing measures of life expectancy as a way to assess equity in health programs for older adults, both in terms of average life expectancy and quality of life. This metric is particularly useful to highlight the disparate impact of [COVID-19 on the lives of older adults of color](#).²³

Finally, we recommend that the Administration engage in robust oversight of programs through the lens of the consumer. We often hear that agencies administering programs do not hear complaints about discrimination based on race or language. However, we know that looking only at formal complaints is too high of a bar, especially when considering that an older adult who has been discriminated against may have very valid reasons for not wanting to complain. We recommend using “secret shoppers,” for example, to help agencies identify whether LEP older adults are able to *actually* access interpretation services even when such services are required to be provided. Secret shoppers and focus groups in partnership with trusted messengers could also identify other barriers and even discrimination, both implicit and explicit.

Area 4: Financial Assistance

Government agencies hold enormous power in offering grant opportunities to community-based organizations serving low-income older adults. We ask that federal agencies require or prioritize subgrantees or partners that serve underserved communities, like older adults of color or LGBTQ older adults. For example, the Department of Justice (DOJ) Office on Violence Against Women (OVW) Abuse in Later Life Grant program requires a coordinated approach, with a number of types of grantee partners, such as courts, law enforcement, and aging services. This requirement ensures a whole approach to addressing structural issues, like systemic sexism, as opposed to focusing on only one or two types of actors. Another type of grantee or subgrantee partner that agencies could require or prioritize in federal grant solicitations are organizations whose primary purpose is to serve underserved

²² Justice in Aging, *Trauma-Informed Lawyering* (2020), available at <https://ncler.acl.gov/Files/Trauma-Informed-Lawyering.aspx>.

²³ Gelila Selassie, *Health Disparities Facing Older Adults of Color amid COVID-19* (Aug. 24, 2020), available at <https://healthlaw.org/health-disparities-facing-older-adults-of-color-amid-covid-19-guest-blog-by-justice-in-aging/>.

communities, like communities of color, tribal groups, or LGBT individuals, and within that to ensure that older adults in those communities – who may be rendered invisible as a result of systemic ageism – are also served. Doing so would improve discretionary grants offered through the Office for Victims of Crime (OVC), OVW, the Administration on Community Living (ACL) and others.

Furthermore, we recommend that funding to evaluate grants be included in more grant opportunities. In offering that funding, the evaluation should be required to assess the impact of the project/services on underserved communities, such as communities of color, identify any unintended consequences on underserved communities, and also identify any intersectional impact when appropriate.

Area 5: Stakeholder and Community Engagement

We appreciate the RFI's attention on stakeholder and community engagement as a critical part of successfully advancing equity through government programs. Without appropriate engagement of those directly impacted, efforts to advance equity remain inadequate and sometimes problematic.

We offer the following process recommendations as ways for agencies to engage underserved individuals and communities:

- **Consumer testing:** Engage representative groups of consumers in review of consumer-facing documents and new systems. In our experience working on healthcare transitions for low-income older adults, the failure of government agencies to include consumer review of materials invariably results in greater confusion among consumers and increased resources spent to mitigate such confusion. It also may result in adverse outcomes for consumers. We encourage agencies to affirmatively include consumer review when releasing new documents or launching new systems (e.g. websites and hotlines) and to include review from many communities (e.g. communities of color, LGBTQ communities, LEP individuals, etc.), which will likely provide unique insight. Furthermore, when working with community-based organizations in conducting review, they should be adequately compensated for that work.
- **Ombudsman services:** We believe the creation and maintenance – including adequate funding – of independent consumer ombudsman programs strengthens service delivery and advances equity for low-income older adults. In California, the creation of an ombudsman program for Californians dually eligible for Medicare and Medicaid resulted in improved health outcomes, greater individual satisfaction, and meaningful investments in community-based organizations serving them. In North Carolina, ombudsman programs have been essential in assisting communities with Medicaid managed care. An additional advantage is that many ombudsman service providers are also able to identify systemic trends, a critically important step when tackling structural discrimination, and can assist government agencies in better understanding the lived experiences of individuals on-the-ground. Ombudsman services should be available for many services and benefits and also targeted in those communities with the greatest need.
- **Consumer advisory councils:** As we stated earlier, efforts to advance equity must be informed by individuals who are directly impacted, so we recommend federal agencies consider the use of consumer advisory councils. [Councils like these](#), composed of individuals receiving services, have made significant strides in obtaining input on issues of program management and care in the healthcare context and have found that greater engagement can improve health

outcomes.²⁴ These councils can help conduct the consumer testing discussed above, and of course, such opportunities should provide adequate compensation for their time and work as well.

We note that the RFI also asks for information regarding the accessibility of agency rulemaking and policymaking commenting and engagement processes. We urge federal agencies to think expansively beyond the notice and comment rulemaking process as a way to gather input. Agency rulemaking is a formal process that many low-income older adults are not familiar with or comfortable navigating, so using it as the sole means of gathering input excludes many of their voices. At the very least, federal agencies should be able to take comments by LEP individuals in other languages as doing so would constitute meaningful access under Title VI. During the public charge rulemaking process on a matter impacting so many LEP communities, United States Citizenship and Immigration Services only accepted comments in English, requiring many community-based organizations to offer translation services for LEP individuals wishing to submit comments. Finally, in addition to rulemaking, agencies should consider the role of other ways to engage communities and stakeholders, like [focus groups](#) and sessions.²⁵ As mentioned above, agencies administering programs report that they do not hear complaints about discrimination based on race or language. We recommend the Administration take more proactive steps to identify barriers and potential systemic discrimination through direct community engagement.

Conclusion

We appreciate the Administration's recognition of the role of government programs in advancing equity and look forward to working with you to advance equity for all, including older adults. We welcome the opportunity to discuss our comments with you. If you have any questions, please reach out to Denny Chan at dchan@justiceinaging.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denny Chan', with a long horizontal line extending to the right.

Denny Chan
Directing Attorney

²⁴ Center for Consumer Engagement in Health Innovation, *An Exploration of Consumer Advisory Councils within Medicare-Medicaid Plans Participating in the Financial Alignment Initiative* (Jan. 2019), available at https://www.healthinnovation.org/resources/publications/body/Consumer-Advisory-Council-Report_Final.pdf.

²⁵ Kate W. Strully et. al, Strategies to Address COVID-19 Vaccine Hesitancy and Mitigate Health Disparities in Minority Populations (Apr. 23, 2021), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8102721/>.