Disability cuts across all ages, racial and ethnic groups, genders, income, and education levels but affects some groups disproportionately. Disability is more common among people who are Black, Hispanic, American Indian, or Alaska Native, as well as LGBTQI+ individuals, people who have low incomes, and people living in rural communities. The health disparities experienced by these communities can lead to disabilities as well as poorer health outcomes as individuals age. This is particularly true for older Black adults. ACL works to ensure that people with disabilities and older adults are an integral part of all Department efforts to consider and address health disparities, whether its focus is on addressing barriers to accessing health care and human services, data collection, ensuring diversity in research and drug trials, or other efforts to address health disparities.

ACL advances equity for underserved groups through our disability and aging programs, policy advocacy, and data and research portfolios. ACL also partners across HHS and with other Departments to ensure that the unique needs of disabled people and older adults are embedded into all equity and health disparity efforts, and that the Department’s programs reflect the needs of older adults and people with disabilities of all ages, races, ethnicities, religions, sexual orientations and gender identities, and geographic locations.

Ensuring ACL’s Programs Reach Underserved Communities

Programmatic and Policy Initiatives

Centering the needs of individuals with disabilities, older adults, and their families and caregivers, especially those who are most often underserved, is fundamental to identifying and eradicating barriers to access and advancing equity. These efforts help ACL ensure access for those most in need of our programs, in part by identifying and eliminating barriers experienced. The following are key actions ACL has taken across our programs to ensure our programs reach and serve the needs of underserved older adults, people with disabilities, and their caregivers.

2 How Recognizing Health Disparities for Black People is Important for Change. KFF. 2023.
ACL has updated regulations implementing the Older Americans Act (OAA) for the first time in more than 30 years to better reflect the needs of today’s older adults. OAA programs provide a range of social and health care services — including nutrition, transportation, and preventive health services — that can help improve outcomes and reduce health disparities. The OAA requires the aging network to focus on older adults, elders, and family caregivers in the greatest economic and social need, with particular attention to low-income and minority older adults, older adults living in rural communities, those with limited English proficiency, and people at risk of institutional care. Consistent with the OAA statutory language, the updated OAA regulations align the definition of greatest social need with Executive Order 13985.

ACL led the development of the first-ever National Strategy to Support Family Caregivers, submitted to Congress in late 2022, and is continuing to lead its implementation. The Strategy supports family caregivers of all types and ages and includes over 300 federal commitments from more than 15 federal agencies. The Strategy highlights that family caregivers from underserved communities are more likely to experience significant disparities in the intensity of caregiving and greater negative physical, emotional, and financial impacts. It prioritizes efforts to advance equity for unserved and underserved populations of caregivers and ensures that all efforts to uplift caregivers are person- and family-centered, trauma-informed, and culturally competent.

ACL is increasing the inclusion and participation of disabled people from underserved communities in its disability programs and improving the cultural competency of the services that support them by funding the National Center on Disability, Equity, and Intersectionality. The goal of the Center is to identify and address the inequities in health care and community living that people with disabilities often face.

ACL has increased access to robust, culturally competent resources and information by funding the Older Adults’ Equity Collaborative (OAEC). The OAEC includes five national Minority Technical Assistance and Resource Centers (TARCs), each working to advance equity and access across the aging network for their unique community by providing culturally competent training, technical assistance, advocacy, and resources. Minority TARCs include Services and Advocacy for LGBTQ+ Elders (SAGE), National Caucus and Center on Black Aging (NCBA), National Indian Council on Aging (NICOA), National Hispanic Council on Aging (NHCOA), and The Board of Trustees of the University of Illinois.

ACL is continuing its efforts to increase access and address barriers to COVID-19 and flu vaccinations for older adults and people with disabilities, who are among the highest risk for serious health impacts from the viruses. ACL awarded $125 million to establish the Aging and Disability Vaccination Collaborative to increase outreach to the hardest-to-reach older adults and disabled people, including low-income minorities, limited-English-speaking populations, and those living in rural areas. This initiative ensures people have the information needed to make informed decisions and provides the supportive services necessary to overcome barriers to vaccination, like transportation, in-person supports, and in-home vaccinations.

ACL is advancing equity in the Medicare-related grant programs that ACL administers, including the State Health Insurance Assistance Program (SHIP), which provides counseling and assistance to individuals in navigating Medicare with a focus on people with limited incomes, Medicare beneficiaries under the age of 65 with disabilities, and individuals who are dually eligible for Medicare and Medicaid. ACL is conducting an equity evaluation of the SHIP program designed to identify barriers to outreach, gain a better understanding of current impact and reach, identify gaps in existing services, and develop an action plan, building off a similar evaluation ACL conducted of the Senior Medicare Patrol program in 2022.

ACL facilitates the Elder Justice Coordinating Council to coordinate activities related to elder abuse, neglect, and exploitation across the federal government. Programs and activities include projects focused on a range of issues that often have a disproportionate impact on underserved populations, including negative effects on social determinants of health, housing instability, grandparents raising grandchildren, and the opioid crisis. To advance elder justice in Tribal communities, ACL awarded its first Tribal Elder Justice Innovation Grants in 2023.
• ACL supports programs and activities that provide information and resources for older adults with and without disabilities to achieve a more financially secure future, focusing on older adults with the greatest economic and social needs, including the National Resource Center on Women and Retirement through the Women’s Institute for a Secure Retirement (WISER), which houses the Latina Retirement Savings Project and the Pension Counseling Center.

**Data Collection and Research**

ACL’s robust research portfolio is critical to informing future interventions and policy improvements and ensuring our programs are serving those with the greatest need. We continue to build our capacity to assess the health equity impacts of our programs. We also continue to increase our understanding of the types of services and interventions that support community living, ultimately making this option available to more older adults and people with disabilities.

• ACL’s National Institute for Independent Living and Rehabilitation Research (NIDILRR) implemented new regulations for peer review criteria. The new regulations allow NIDILRR to better evaluate the extent to which grant applicants conduct outreach to people who are members of specific groups that have traditionally been underserved and underrepresented on research teams, such as people with disabilities.

• NIDILRR is funding three national rehabilitation and research training centers (RRTCs) whose work will advance research focused on people with disabilities who also face barriers due to race, ethnicity, sexual orientation, gender identity, language spoken and/or other factors in community living, employment, and health care. The three Centers are the Community Living Policy Center at Brandeis University, Langston University Rehabilitation Research Training Center on Advancing Employment Equity for Multiply Marginalized People with Disabilities, and Advancing Health Equity Among Adults with Disabilities from Diverse Communities Rehabilitation and Research Training Center (AHEAD-DC RRTC) at the University of Michigan.

• ACL is ensuring that its aging and disability programs reach people who are LGBTQI+ by improving its data collection. Consistent with HHS’ Sexual Orientation and Gender Identity (SOGI) Data Action Plan, ACL is adding demographic questions to every Information Collection Request that collects demographic information for reasons other than program eligibility.

**Partnerships to Ensure People with Disabilities and Older Adults are Included in Broader Equity and Health Disparities Efforts**

People with disabilities and older adults are too often forgotten in health equity conversations and efforts. ACL is playing an important role in ensuring that disability and aging are meaningfully included in health disparities work across the federal government, from data collection to diversity in research and drug trials, and other efforts to address health disparities. As a result of ACL’s intentional work with other agencies and departments, people with disabilities and older adults have improved access to programs and services to address health-related social needs. Similarly, people with disabilities will be included in a wider swath of federally funded research, ensuring they can fully benefit from new treatments and interventions.

• ACL is working with HHS’ Office for Civil Rights (OCR) on updating civil rights regulations that are critical to advancing health equity, including:
  » Regulations implementing Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of disability by recipients of federal funding from HHS. The regulations include a focus on addressing barriers to health care, including discrimination in medical treatment; inaccessible medical equipment, websites, and kiosks; and challenges in accessing home and community-based services.
  » Regulations implementing Section 1557 of the Affordable Care Act, which prohibits discrimination in health activities and programs, including on the basis of disability and age.
• ACL ensures that interagency disaster planning and response includes a focus on the unique needs of, and barriers faced by, people with disabilities and older adults, particularly those in underserved communities by:
  » Closely coordinating with FEMA and other HHS agencies on the responses to Hurricanes Fiona and Ian and the Maui wildfires to address the needs of people with disabilities and older adults.
  » Partnering with FEMA on the 2023 nationwide campaign to prepare older adults for disasters.
  » Co-chairing a new HHS Disaster Human Services Council to strengthen coordination across the Department before, during, and in the aftermath of disasters and emergencies.

• ACL collaborated with the National Institutes of Health (NIH) as they considered whether to designate people with disabilities as a population with health disparities for purposes of NIH-supported research. In September 2023, NIH announced the designation of people with disabilities as a health disparities population.

• ACL is working to ensure that HHS’ behavioral health initiatives include a focus on the unique barriers that people with disabilities face. As one example, ACL has partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to leverage ACL’s recently launched The Link Center, a national technical assistance center focused on building capacity in state and local service systems to support people with co-occurring intellectual and developmental disabilities (I/DD) and mental health conditions. The Link Center is collaborating with SAMHSA’s 988 initiative to provide training and identify best practices for serving this population, with a particular focus on individuals and their families in underserved communities.

• ACL leads the Housing and Services Resource Center (HSRC), a partnership between the Department of Housing and Urban Development (HUD) and HHS agencies (ACL, CMS, ASPE, SAMHSA, and CDC) to expand accessible, affordable housing; help people exit homelessness; and improve access to home and community-based services. The HSRC includes a particular focus on reaching people from underserved communities. Its most recent initiative, the Housing and Services Partnership Accelerator (HSPA), will provide selected states with robust technical assistance and support to strengthen their state Medicaid agency’s collaboration with agencies providing housing and aging and disability resources and programs.

• ACL is leading I/DD Counts, an interagency initiative with CDC, NIH, ASPE, and CMS to improve the data collection of people with I/DD, including those from underserved communities, in order to better understand and address health disparities faced by this population.

• ACL is partnering with the CDC to launch the Community Care Hub (CCH) National Learning Community (NLC), an initiative focused on addressing health-related social needs, particularly for people from underserved communities. Members of the NLC take part in shared learning, information and resource sharing, and coordinated technical assistance with the goal of addressing health-related social needs and public health needs through contracts with health care entities.