November 15, 2020

State Plan on Aging
c/o Amy Lulich
Illinois Department on Aging

Submitted via online comment portal.

RE: State Plan on Aging

(Comment portal allows for specific feedback on individual goals, objectives, strategies, or outcomes in the draft plan, ~400 word limit)

**Objective 4.2:** Expand awareness and enhance understanding of serving older adults who are Lesbian, Gay, Bi-Sexual, or Transgender (LGBT).

Howard Brown is the largest LGBTQ health center in the Midwest, serving over 38,000 patients across twelve clinic locations in Chicago. We offer a full continuum of LGBTQ-affirming and high quality care, including elder services. We support the inclusion of Objective 4.2 in the State Plan on Aging and would like to underscore the importance of the listed strategies in reducing the health disparities experienced by LGBTQ older adults. We would also like to highlight important issues for older adults living with HIV that could be more explicitly addressed in the plan.

Studies have shown that LGBTQ older adults are more likely to report being disabled and having poor mental health compared to the general population.\(^1\) Amidst the COVID pandemic, LGBTQ elders are at greater risk for severe illness from COVID, and also more vulnerable to social isolation.\(^2\) On top of these disparities, LGBTQ elders may also avoid accessing mainstream elder services due to fears of stigma and discrimination. In general, older Americans are more likely to hold anti-gay views than younger age cohorts, which can contribute to hostile environments for LGBTQ elders in senior service facilities.\(^3\) Given this, the strategies laid forth in Objective 4.2 to conduct LGBTQ competency trainings, increase sexual orientation and gender identity data collection, and ensure that the needs and voices of LGBTQ older adults are being heard is critical for addressing the unique health disparities affecting this population.

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While the draft plan has a comprehensive section on LGBTQ older adults, it is less robust regarding older adults living with HIV. About half of the HIV-positive population in the United States is now age 50 or older. Older adults living with HIV are more likely to have comorbidities, and HIV and long-term treatment may exacerbate other chronic conditions. Furthermore, HIV stigma and misinformation is especially prevalent among older Americans. As a result, many older people living with HIV, especially those who are also LGBTQ, are hesitant to access elder services. We would recommend finding ways to specifically address the unique health needs for older people living with HIV and also reduce stigma and misinformation about HIV in senior service settings.

If you have any questions, please feel free to reach out to Tim Wang, Director of Policy and Advocacy, at timothyw@howardbrown.org.

Sincerely,

David Ernesto Munar
President and CEO

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