

June 6, 2022

Alison Barkoff
Acting Assistant Secretary for Aging and Administrator
Administration for Community Living
Department of Health and Human Services

RE: Request for Information: Older Americans Act Regulations

Dear Acting Administrator Barkoff,

Howard Brown Health is writing to comment on Title III of the Older Americans Act, 42 U.S.C. 3001 et seq., Grants for State and Community Programs on Aging.

Howard Brown Health was founded nearly 50 years ago and is rooted in LGBTQ+ liberation. Based in Chicago and serving people from all over the Midwest, we are one of the largest LGBTQ+ healthcare organizations in the nation. We provide affirming care to meet the needs of LGBTQ+ populations who are often overlooked. We envision a future where healthcare and transformative social policies actualize human rights and equity for all.

Our comment provides feedback on how the Administration for Community Living (ACL) and the aging network can advance equity by more effectively meeting the needs of LGBTQ+ older people and older people living with HIV, in alignment with Executive Order 13985, *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*.

We address how ACL can cement implementation of and build-on the LGBTQ+ inclusive language found in the 2020 reauthorization of the Older Americans Act (OAA), which requires the aging network to engage in outreach to LGBTQ+ older people, collect data on their needs, and collect data on whether the aging network is meeting their needs. This language is found in 42 U.S.C. §3026 Area Plans and §3027 State Plans. We also address how ACL can cement and build-on ACL's [Guidance for Developing State Plans on Aging](#), which it released on August 5, 2021, and details how and why ACL believes that LGBTQ+ older people and older people living with HIV are greatest social needs populations, defined by the OAA as populations having "need caused by non-economic factors," including, but not limited to, "cultural, social, or geographical isolation."

It is critical that ACL cement the OAA outreach and data collection requirements, as well as the ACL guidance on greatest social need, in a consistent, explicit, and durable fashion in its upcoming OAA regulations. While flexibility is a hallmark of the OAA, consistency here is

particularly important. Many Area Agencies on Aging (AAA) and State Units on Aging (SUA) have not implemented the 2020 OAA requirements or followed the ACL guidance; others are backsliding from prior inclusive policies. For LGBTQ+ older people and older people living with HIV, access to critical aging services and supports should not depend on the preferences or priorities of the AAA or SUA on which they rely. An LGBTQ+ older person living in rural Mississippi equally deserves the right to age-in-place as an LGBTQ+ older person living in New York City. And both deserve to have the same access to aging services and supports as their straight and cisgender counterparts. In addition to consistency, ACL must be explicit about what its State Plan requirements mean, so that the aging network has no doubt that all older people – including LGBTQ+ older people and older people living with HIV - are entitled to access to the services and supports that they need to remain independent. And finally, durability. It is critical that ACL codify in regulation the 2020 OAA requirements and ACL guidance so that whether the aging network serves LGBTQ+ older people and/or older people living with HIV is not based on the whims of who might or might not be in charge of any given administration.

We are writing to share how we have done the necessary work to collect data on and target services toward LGBTQ+ older people and older people living with HIV in our community. We hope that you can take the lessons learned to better meet the needs of the at-risk populations across the country.

Howard Brown Health is committed to improving health equity for aging LGBTQ+ and HIV-positive communities. In our Aging Services department, our LGBTQ+ competent medical staff specialize in the diagnosis, treatment, and prevention of disease and disability in older adults. Aging Services also offers case management to our LGBTQ+ patients and our patients living with HIV who are 60 years of age or older. Case managers provide coordination of healthcare, transportation to appointments, support with accessing prescriptions and food, arrangement of in-home care, referrals to vision and dental care, and help with public benefit navigation and enrollment support.

Aging Services also offers an array of educational programming and social support services specifically for older LGBTQ+ adults and people living with HIV. For example, our Senior Tech Connect program provides our older patients with a laptop or tablet, a free year of internet, and helps them learn how to use their device to stay in touch with family, connect with new friends, and benefit from technological conveniences (like online banking, bill pay, immediate access to news/weather). We offer intergenerational LGBTQ+ peer support and social groups, as well as older adult specific groups, such as Rising Phoenix—a group for long-term HIV survivors. These community engagement programs are important in combatting the high rates of social isolation that older LGBTQ+ adults and older people living with HIV often experience.

Our Aging Services department is guided by an Aging Services Advisory Board comprised of patients, community members and staff, which ensures that our programs and services are meeting the needs, priorities, and preferences of our older patients.

The work that our Aging Services team does is critical because older LGBTQ+ people and people living with HIV (PLWH) have experienced persistent discrimination throughout their lifetimes. This can lead to greater unmet needs and shapes how people age or if they make it to their golden years at all. The history of discrimination can also make older LGBTQ+ people and people living with HIV more reluctant to access medical care and senior services due to fear of encountering discriminatory treatment. A lack of affirming services, particularly in rural settings, makes the aging LGBTQ+ population more likely to experience social isolation and related mental health burden, such as depression. Discrimination can also cause physical health disparities, as illustrated by the minority stress model. Research has shown that LGBTQ+ people and PLWH are more likely to be diagnosed with high blood pressure and Type 2 Diabetes.¹ The impacts of minority stress can put older LGBTQ+ people and PLWH at greater risk for Alzheimer's Disease, a 2021 study found that approximately half of PLWH experience cognitive impairment and are at-risk for Alzheimer's Disease.² Whereas, another study of the general population found that approximately 20% of women and 10% of men are at-risk for Alzheimer's Disease.³

It is important that these OAA inclusion policies be codified because we know that there are geographical disparities in accessing affirming care. An AARP study showed that only 10% of those surveyed from rural communities had access to LGBTQ+ senior services, whereas 48% of respondents in big cities reported having access to LGBTQ+ senior services.⁴ Howard Brown Health sees a large number of patients who reside in rural areas without LGBTQ+ affirming care who travel long distances to our clinics in Chicago, as we are the closest affirming resource to them. Codifying these OAA inclusion policies helps to ensure that our patients who live in more

¹ Vance, D. E., Musgavero, M., Willig, J., Raper, J. L., Saag, M. S. (2011). Aging with HIV: a cross sectional study of comorbidity prevalence and clinical characteristics across decades of life. *The Journal of the Association of Nurses in AIDS care: JANAC*, 22(1), 17-25.

² R.K. Heaton, D.B. Clifford, D.R. Franklin, Jr., et al., (2010). *Neurology*. 75;2087.

³ Chene G, Beiser A, Au R, Preis SR, Wolf PA, Dufouil C, et al. Gender and incidence of dementia in the Framingham Heart Study from mid-adult life. *Alzheimers Dement* 2015;11(3): 310-20.

⁴ Houghton, Angela. *Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans*. Washington, DC: AARP Research, March 2018.

rural parts of the state will be able to access affirming and inclusive elder services within their own communities.

Since the early days of the HIV/AIDS crisis, Howard Brown Health has been on the front lines serving the LGBTQ+ and HIV+ community. Our organization has aged with these courageous communities, and we remain committed to bridging the gaps for aging LGBTQ+ people by providing competent, affirming care for every stage of life. Effective outreach to LGBTQ+ and HIV communities is crucial, as historically these populations experienced harm, discrimination, and denial of care at medical and social service facilities which can discourage a person from trusting long-standing systems. Solid, consistent regulations inform how aging service providers can best support our whole community. By codifying the OAA inclusion standards, the ACL reflects that all people should be able to age with dignity and have the services and supports that they need, regardless of their sexual orientation or gender identity.

If you have any questions, please do not hesitate to follow up with Tim Wang, our Director of Policy and Advocacy at timothyw@howardbrown.org.

Sincerely,

David Ernesto Munar, CEO

Howard Brown Health