State of Illinois
Illinois Department on Aging

Illinois Commission on LGBTQ Aging

Illinois Department on Aging

March 31, 2026

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Acknowledgements

We, the members of the Illinois Commission on LGBTQ+ Aging (“the Commission”), extend our deepest gratitude to everyone who contributed to the success of this body. This journey has been marked by mutual support, learning, and collaboration.

First and foremost, we extend our appreciation to the Office of Governor JB Pritzker and the members of the Illinois General Assembly for their leadership in establishing and supporting the work of the Commission.

We offer our sincere gratitude to the bill sponsors responsible for the creation of the Commission, Senator Karina Villa and then Representative (now Senator) Lakesia Collins. Their leadership and commitment laid the foundation for the development and growth of the Commission as it exists today.

We are grateful to the Illinois Department on Aging staff for providing the resources and support necessary to carry out the Commission’s work. Their assistance with logistics and meeting coordination has been vital. Likewise, we recognize and thank the state agency secretaries/directors and staff including the Illinois Department of Human Services, the Illinois Department of Public Health, the Illinois Department of Healthcare and Family Services, and the Illinois Department of Veterans’ Affairs.

A special thank you goes to the organizations and individuals who formed the coalition that championed the establishment of the Commission. Coalition members include AARP Illinois, AIDS Foundation Chicago, Equality Illinois, SAGE, Center on Halsted, and Howard Brown Health.

We also acknowledge the community members, caregivers, and older adults who generously shared their experiences and perspectives. Their stories and insights played an essential role in informing the Commission’s work.

Executive Summary

The Illinois Commission on LGBTQ Aging (the Commission) was created on May 16, 2022, by Public Act 102-0885. This report outlines the Commission's examination, analysis and study of the housing, health, home-and-community-based services, assisted living and long-term care needs of LGBTQ older adults and their caregivers in Illinois. The report intends to inform the Governor, General Assembly and general public about the needs of LGBTQ older adults, highlighting key challenges and proposing strategic actions to improve services, access to treatment, ongoing care and training curriculum to ensure equitable access for those in the LGBTQ community.

Key Findings

- **Cultural Competency:** The Commission identified the importance of increasing the cultural competency and awareness of providers in all sectors including but not limited to receiving continued training and evaluation of services. This will ensure the elimination of health disparities and promote the attainment of highest levels of health for LGBTQ older adults and their caregivers.
- **Planning and Coordinating:** The Commission recognized the need for planning and coordination in regards of innovative housing, quality and availability of services and treatment in the state. This includes improving the connection between local and state entities to plan and develop these initiatives.
- **Advocacy:** The Commission highlights the importance of funding and support of advocacy to raise awareness on the needs and challenges for LGBTQ older adults and their caregivers. This work includes dismantling the silos in which advocacy work functions and includes all sectors (housing, healthcare, and others) as well as making advocacy intergenerational to ensure further reach.

The Authority and Purpose of the Illinois Commission on LGBTQ Aging

The Illinois Commission on LGBTQ Aging (the Commission) was created May 16, 2022, by Public Act 102-0885.

By statute, the Commission is tasked with examining the impact of State and Local laws, policies, and regulations on LGBTQ older adults and to share recommendations that ensure equitable access, treatment, care and benefits, and overall quality of life; and examining strategies to increase provider awareness of needs of LGBTQ older adults and caregivers.

The Illinois Commission on LGBTQ Aging is making recommendations in this annual report related to the following:

1. Equitable access, treatment, care and benefits, and overall quality of life based on the impact of State and local laws, policies and regulations on LGBTQ older adults.
2. Best practices to increase access, reduce isolation, prevent abuse and exploitation, promote independence and self-determination while strengthening caregiver supports, and eliminating disparities.
3. Race, ethnicity, sex assigned at birth, socioeconomic status, disability, sexual orientation, gender identity, and other characteristics that impact access to services for LGBTQ older adults.
4. Access to services and care based on the experiences and needs of LGBTQ older adults living with HIV/AIDS
5. Provider awareness of the needs of LGBTQ older adults and their caregivers by increasing competency on services, treatment, and on-going care.
6. Services for the growing population of LGBTQ older adults based on current funding and programming.
7. Premature admission of LGBTQ older adults to institutional care with current policies and practices.
8. Apprehension of LGBTQ older adults and caregivers by doing outreach via mainstream providers.

As stipulated in the 20 ILCS 105/8.10, the Illinois Commission on LGBTQ Aging is composed of representatives of entities and individuals including the following:

1. one member from a statewide organization that advocates for older adults;
2. one member from a national organization that advocates for LGBTQ older adults;
3. one member from a community-based, multi-site healthcare organization funded to serve LGBTQ people;
4. the director of senior services from a community center serving LGBTQ people, or the director's designee;
5. one member from an HIV/AIDS service organization;
6. one member from an organization that is a project incubator and think tank that is focused on action that leads to improved outcomes and opportunities for LGBTQ communities;
7. one member from a labor organization that provides care and services for older adults in long-term care facilities;
8. one member from a statewide association representing long-term care facilities;
9. five members from organizations that serve Black, Asian-American, Pacific Islander, Indigenous, or Latinx LGBTQ people;
10. one member from a statewide organization for people with disabilities; and
11. ten LGBTQ older adults, including at least:
    - three members who are transgender or gender-expansive individuals;
    - two members who are older adults living with HIV;

- one member who is Two-Spirit;
- one member who is African-American or Black individual;
- one member who is a Latinx individual;
- one member who is an Asian-American or Pacific Islander individual; and
- one member who is an ethnically diverse individual

12. the following State agencies shall designate an ex officio member:
    - the Department on Aging
    - the Department of Public Health;
    - the Department of Human Services;
    - the Department of Healthcare and Family Services; and
    - the Department of Veteran's Affairs

Background and Membership

The body held its first quarterly meeting on January 18, 2023, to discuss the purpose of the Commission and operational matters (future meeting dates, required trainings, etc.).

The Commission held its formal quarterly meetings during the first Wednesday of the month every quarter. The Commission convened on the following dates:

June 7, 2023; September 6, 2023; December 6, 2023; March 6, 2024; June 5, 2024; September 4, 2024; December 4, 2024; March 5, 2025; June 4, 2025; September 3, 2025; December 3, 2025; and March 4, 2026.

Legislative Members:

Senator Mattie Hunter
Senator Laura Fine
Senator Dave Syverson
Representative Rita Mayfield
Representative Maura Hirschauer

Current Membership:

Mary Killough – Ex-Officio
Donald M. Bell – Chair
Michael Maginn – Vice-Chair
Billy Rogers – LGBTQ Advocate
Christian Castro
Kim L. Hunt
Taylor Tefft
Dary Mien
Charles Koehler
Caprice Carthans
Dr. Kathleen Robbins
Stefanie Clark
Jeff Berry
Kim Mank
Dylan Conmy
Martha Faye Meaderds

State Agency Advocates:

Sarah Myerscough-Mueller – HFS Designee
Caronina Grimble – IDHS Designee
Angela Simmons – IDVA Designee
Designee Jennifer Epstein – IDPH Designee
Desiré Bernard – IDoA Designee
Pamela Martinez Ruiz – IDoA Designee

Former Membership:

The following individuals served as part of the Commission and contributed to the analysis and development of this report:

Paula Basta – retired 12/31/2023
Dr. Virginia Quinonez – resigned 08/28/2024
Danie Muriello – resigned 01/06/2025
Phyllis Johnson – resigned 01/22/2025
Daisy Feidt – resigned 02/12/2025
Aneesha Gandhi – resigned 03/03/2025
Britta Larson – resigned 12/10/2025

In furtherance of its statutory mandate to propose recommendations to improve access to benefits, services, and supports for LGBTQ older adults and their caregivers, the Commission created the following sub-committees to ensure intentionality in their work:

Housing – The Housing Subcommittee seeks to identify and address challenges and concerns with the provision and availability of LGBTQ+ affirming housing, home care and long-term care. This will be accomplished through a comprehensive review of data, analysis of existing resources and provision of testimony which will inform recommendations for policies, procedures, and best practices to address this issue.

HIV and Aging and Long-Term Survival – The HIV and Aging and Long-Term Survival subcommittee seeks to address the isolation paradox among long-term survivors of HIV. We plan to identify and or create ways for people to connect socially, which can assist with finding those that are isolated which has proven to be extremely challenging. We will identify culturally sensitive and appropriate training for healthcare and social service providers who care for those living with HIV.

Training and Outreach/Community Engagement – The Training and Outreach Subcommittee seeks to develop statewide training curricula to improve provider competency in delivery of health, housing, and long-term support services to the LGBTQ+ aging community. In addition, we plan to create an outreach plan to identify training needs within and outside of the LGBTQ+ aging community and address apprehension within the LGBTQ aging community in utilizing mainstream providers.

HealthCare – The Healthcare Subcommittee seeks to enhance healthcare access for LGBTQ Illinoisians who are aging. We will ensure that health care is delivered in a safe and welcoming manner by increasing provider competency, assuring that patients know their options and rights. We hope to increase healthcare utilization among the LGBTQ Aging Population by examining how our patients utilize healthcare and the overall patient experience.

Subcommittee Reports

Housing Subcommittee

Summary

People over the age of 50 are a key demographic in Illinois, making up a third of the state's overall population. Older Illinoisans are also well-represented among Illinois' lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) community. Of the estimated 506,000 LGBTQ adults in Illinois, about one-quarter (24%) are over the age of 50. These older LGBTQ Illinoisans contribute to the state's diversity. LGBTQ older adults live in urban and rural communities across the state, and are part of every racial and ethnic group, are veterans, are immigrants, and are living with disabilities. And the population of LGBTQ older Illinoisans is only expected to grow as the state's population ages by 2030, an estimated 3.6 million Illinoisans—about 24% of the state's population—will be over age 60 *(source: Disrupting Disparities: Challenges and Solutions for 50+ LGBTQ Illinoisans)*.

With advances in HIV treatment, HIV has evolved to be a manageable chronic health condition that is now impacting increasing numbers of older adults as people are living longer with the condition. In 2022, about 54% of people in the United States living with diagnosed HIV were 50 and older, or 596,044 people. This age group also accounted for about 16% of new HIV diagnoses in 2022 *(source: Aging With HIV)*.

Additionally, LGBTQ+ Older adults are more likely to rely on formal care providers as they are less likely to have an informal care network of friends and family to support them as they age. They are twice as likely to live alone and 4 times less likely to have children as compared to heterosexual and cisgender peers.

LGBTQ+ older adults and older adults with HIV face unique challenges and barriers as they age. These challenges result in unequal access to housing, housing that is unwelcoming or discriminatory, housing that is inadequate and premature placement in senior living facilities. This report will highlight these unique barriers and will provide program and policy recommendations for addressing these challenges.

Nationally, 48 percent of LGBTQ couples experience adverse treatment when seeking senior housing; trans individuals experience adverse treatment at even higher rates *(source: Facts on LGBT Aging).* A 2023 survey of LGBTQ+ older adults in Chicago indicated that 27% of respondents were dissatisfied with their housing, with 8% indicated that they were very dissatisfied.

It is estimated, upward of 5% of people living in long-term care communities identify as LGBTQ+. A particular concern of LGBTQ+ older adults as they age is mistreatment and discrimination because of their identity *(source: Long-Term Care Equality Index 2021 Report)*. While there currently are no federal consistent or explicit anti-discrimination protections for LGBTQ+ people, the State of Illinois does provide protections for LGBTQ+ individuals in housing. Despite these protections, harassment and discrimination do continue. In 2023 Golden Rainbows of Illinois South (GRIS) created a survey for LGBTQ+ rural older adults in Illinois. The results of this survey indicated that nearly 20% of respondents felt that their health or safety was compromised in their housing as a result of being LGBTQ+. The same survey revealed 20% of respondents reported some form of discrimination or challenges, ranging from denial of housing to harassment from neighbors. As a result, many LGBTQ older adults may stay silent and, in the closet, as they age. A participant in a PrideNet's Community Listening session stated, "I think one of the major concerns is our safety. The awareness that we have to go back into the closet, especially in this environment. And getting older, there's nobody really to protect us or our ability to protect ourselves."

An additional challenge LGBTQ+ older adults face as they age is social isolation. Nearly 60% of LGBT older adults report feeling a lack of companionship; over 50% reported feeling isolated from others. Social isolation is associated with many adverse health outcomes including worsening depression, anxiety, mood disorders and cognitive decline, higher rates cardiovascular impairment, chronic pain, and fatigue. These effects are so profound that social isolation leads to a 30% increase in mortality.

Moreover, LGBTQ+ older adults are more likely to be lower income. The Williams Institute reports that in 2021 17% of LGBTQ+ adults lived in poverty as compared to 12% of non-LGBTQ people. This can make it difficult to afford long-term care or in-home care. For example, in Illinois the average cost of a semi-private room in a nursing home is nearly $90,000 per year. And while low-income older adults are eligible for Medicaid to pay for skilled nursing care or in-home care, it can be difficult to find quality care and the older adult's options are more limited.

Members of the LGBTQ+ community are more likely to become homeless, and once homeless, more likely to endure discrimination and harassment that extends their homelessness. Additionally, unhoused people are vulnerable to discrimination and violence. While there are several LGBTQ+ focused programs for unhoused people, generally these are for young adults and not older adults.

Lastly, for the transgender community, discrimination, violence, and stigma, along with other social determinants of health, significantly affect their physical, mental, and behavioral health. Compared with the general population, evidence reveals that transgender people experience higher rates of chronic health conditions, HIV/AIDS, substance use and mental health issues. It is essential to understand these inequities in health outcomes and barriers to care through the lenses of minority stress, institutional medical system hostility, and social determinants of health. This is particularly true for transgender people of color who experience multiple dimensions of individual and systemic discrimination. The Advocates for Trans Equality estimate that one in five transgender people in the United States has been discriminated against when seeking a home. One in ten have been evicted from their homes because of their gender identity.

Recommendations

Innovate and Create Housing Options for LGBTQ+ Older Adults

With the largest population of open and out LGBTQ+ folks known as the Stonewall Generation ages, the need for additional LGBTQ+ affirming housing is critical. Illinois has two Aging LGBTQ+ housing options in Chicago: Town Hall Apartments and One Roof Chicago. The first was LGBTQ-friendly Town Hall Apartments adjacent to the Center on Halsted. Town Hall offers one-bedroom and studio apartments for those age 55+, and the Chicago Housing Authority subsidizes. Residents pay 30% of their income towards rent. While Town Hall is not exclusive to the LGBTQ+ community, approximately 60% of the residents identify as LGBTQ+. A 2015 survey of residents indicated that 90% of respondents made meaningful connections with other people since moving into Town Hall. 92% of respondents of this survey agreed with the statement that there should be more buildings like Town Hall. In an opened ended question about the best part of living in Town Hall Apartments, responses included:

- *"To be near new friends"*
- *"I feel accepted for who I am"*
- *"I feel safe/cared about/I don't worry as much. I feel part of something important. I feel more confident."*
- *"I am able to be much more social. I believe people here care about each other and support each other. It is a relief I can live here in affordable and beautiful housing in a gay friendly building and community."*

The second and latest LGBTQ+ housing initiative to address the Aging LGBTQ+ community and those aging with HIV is ONEROOF Chicago. ONEROOF is a unique intergenerational project that houses at-risk LGBTQ homeless youths, folks aging with HIV, and the aging LGBTQ+ community. The goal is to incentivize the youth with careers related to the aging LGBGTQ+ population, who often go back into the closet when faced with assisted living and other housing issues—those aging with HIV face age acceleration problems from years of HIV drugs.

These are the only two housing facilities addressing the needs of the aging LGBTQ+ Stonewall Generation in Illinois, and the Aging LGBTQ Commission Housing Subcommittee recommends an initiative to facilitate more aging LGBTQ housing developments throughout the state with a multi-faceted approach to regionalism. For instance, Carbondale, Illinois, is the regional HUB for the LGBTQ+ community in Southern Illinois and could sustain an LGBTQ+ housing project attracting LGBTQ folks from the surrounding rural counties in the region. Possibilities for other regional LGBTQ HUBs in Illinois:

Rockford	Bloomington	Springfield	Galesburg
Peoria	Champaign	Belleville	

The barrier to these projects is bringing together developers, investors, and legislators to secure HUD funding and other low-income housing funding.

The Subcommittee recommends:

- Development of new innovative housing that is created with the unique needs of LGBTQ+ older adults in mind
- Expansion of HUD housing for LGBTQ+ older adults and HIV+ older adults across Illinois, particularly in rural areas.

Improve Quality of Care for Long-Term Care Facilities for LGBTQ+ Older Adults and HIV+ Older Adults

There is a movement in the nursing home industry to transform this institutional approach to care delivery in nursing homes into one that is person-centered and person-directed. The culture envisioned is one of a community where each person's capabilities and individuality are affirmed and celebrated. This movement, referred to as Culture Change, promotes quality of care and quality of life simultaneously, making each inseparable and equally important. The results are better functional and behavioral outcomes for individuals and greater satisfaction with care by the elders who live in the 10 homes, their families and caregivers (Rader & Tomquist, 1995).

The Illinois Pioneer Coalition (IPC) currently serves as the Culture Change advocate for the State of Illinois. In 2008 the IPC became a 501-3 organization recognized by the long-term care community as a source for education and training on person-centered care practices. Their advocacy for culture change is deeply rooted in improving the quality of life for the aging population, overcoming the barriers we face regarding the current culture of assisted living, long-term care facilities, aging in place, and end-of-life care, and creating the cultural change we need as we age through the lens of the consumer, families, caregivers, nursing facility representatives, and advocates.

The evolution of the Illinois Pioneer Coalition has been organic. Its first organizational meeting was held in November 2003, led by the Illinois Long-Term Care Provider Association, the Ombudsman program, and Illinois Area Agencies on Aging.

The relationship between the Commission and the IPC began in the fall of 2023 with Commission members attending multiple IPC Summits in Chicago and Marion, Illinois.

To address the challenges experienced by some LGBTQ+ older adults in long-term care the Subcommittee recocommends:

- Advocate for the creation of a LGBTQ+ friendly skilled nursing facilities
- Continued partnership between the State of Illinois Long-Term Care Ombudsman and the Illinois Pioneer Coalition on changing culture by looking through the lens of Aging LGBTQ+ Illinoisans and the additional barriers they face as they age
- Requiring staff in long-term care to complete LGBTQ+ cultural competency trainings

Ensure Organizations Serving LGBTQ+ Older Adults and HIV+ Older Adults are Culturally Competent

All older adults deserve to live as their authentic selves and to have their identity affirmed. Sadly, SAGE estimates that more than a third of LGBTQ+ people may hide their sexual orientation or gender identity when they go into elder care for fear of discrimination and mistreatment.

> *"Re-closeting themselves is a tragedy at that stage of life. It's erasing every trace of who we are as LGBTQ people." - Michael Adams, SAGE CEO*

> *"When I lived in a nursing home for 4 years, I wasn't able to tell anyone I was gay. I had to hide the fact that I was grieving the death of my lifelong partner. Staff told me that for my safety they recommended I not tell anyone that I was 'homosexual'. I had roommates that would make homophobic slurs or say gay jokes, and I had to go along with it. I wasn't safe identifying as who I was in that environment." - Sharon S.*

Furthermore, a fact sheet published by SAGE indicates that 88% of LGBT older adults want long term care facilities that are culturally competent. The Housing Subcommittee interviewed Katie Fasullo, Corporate Director of Population Health & Health Equity with Chicagoland Methodist Senior Services (CMSS). In this role Katie oversaw CMSS's initiatives to be more inclusive and welcoming for LGBTQ+ older adults. CMSS provided cultural competency training for staff, developed an advisory board composed of LGBTQ+ older adults, offered LGBTQ+ programming and partnered with LGBTQ+ organizations. As a result of this training staff reported feeling more comfortable in working with LGBTQ+ older adults and there was an increase in the number of LGBTQ+ older adults who felt comfortable identifying as part of the community.

Another example of an LGBTQ+ inclusion initiative is the OutSafe Training Program. Carolyn Austin, Executive Director of AgeLinc, the Area Agency on Aging for LincolnLand, was the driving force behind the OutSafe Training Program. Carolyn had the vision of training that would enhance the lives of the aging LGBTQ population in Illinois. Carolyn, along with Golden Rainbows of Illinois South (GRIS), Egyptian Area Agency on Aging (EAAA), Coalition of Rainbow Alliances of Springfield, the Illinois Public Health Association (IPHA), Pride Action Tank (PAT), Aids Foundation of Chicago (AFC), and the Illinois Commission on LGBTQ Aging helped design the training. OutSafe focuses on increased awareness of the victimization of the aging LGBTQ+ population, including LGBTQ+ terminology, and a better understanding of the intersectionality of the aging LGBTQ community, their families, chosen families, and caregivers. The goal is to increase awareness of the inclusivity of their environment with dignity and respect.

The OutSafe inaugural training was on July 19, 2024. Additional training was held for the Egyptian Area Agency on Aging Adult Protective Services and Southern Illinois TRIAD.

The Housing Subcommittee recommends collaboration to promote the OutSafe training, or other LGBTQ+ competency trainings, with the State Long Term Care Ombudsman:

- The Illinois Department on Aging (IDoA) Long Term Care Ombudsman addresses the rights of aging LGBTQ+ seniors in Long-Term Care by sharing insight and case studies into how LGBTQ+ LTC residents are supported.
- The Ombudsman can help develop training by having honest discussions about the unique challenges LGBTQ+ seniors and their caregivers face in Long Term Care Settings.
- Encourage the Ombudsman to co-facilitate the OutSafe training, including their knowledge of legal rights, advocacy, and the Ombudsman's role in supporting LGBTQ seniors.
- Partner with the Ombudsman for Outreach and Advocacy
- Consult regularly with the LTC Ombudsman, share the existing OutSafe evaluation surveys, and look for areas for improvement.

In addition to the OutSafe training, there are a number of other LGBTQ+ cultural competency trainings offered in-person or virtually with a number of organizations which includes but is not limited to:

- The Care Plan
- Center on Halsted
- Howard Brown Health
- SAGE

Advocate for funding to expand and sustain a statewide LGBTQ+ Older Adult Advocate Role

The Illinois Act on Aging (20 ILCS 105/8.11) envisions the designation of an individual as an LGBTQ older adult advocate. As the work of the Commision comes to a conclusion, it is recommended IDoA designate an individual to fulfill the statutory requirement.

LGBTQ+ older adults and those aging with HIV face unique challenges, including social isolation and disparities in accessing services. The Statewide Advocate plays a vital role in addressing these issues.

The responsibilities of the LGBTQ+ Aging Statewide Advocate include:

- Administering and monitoring cultural competency training to any agency that receives funding from the Illinois Department on Aging.
- Advocating for older LGBTQ+ adults and those aging with HIV to ensure their voices are included in decision making and policy process.
- Recommend best practices for providers and educating the public on how to best serve the population.
- Informing LGBTQ+ older adults and those aging with HIV about their civil rights and how to access federal, state, and local aging benefits and services.
- Supporting the work and policy recommendations of the Commission on LGBTQ+ Aging, and the State Plan on Aging.
- Collaborating with organizations and individuals that affirm the aging LGBTQ+ community and recognize the challenges they face.

Improve the Quality and Availability of Housing and Supportive Services for HIV+ Older Adults

People living with HIV (PLWH) experience earlier onset of aging-related comorbidities such as cardiovascular disease, type 2 diabetes, frailty and cognitive impairment compared to people without HIV. As a result, people living with HIV+ are more likely to need assistance as they age at a younger age.

HIV status often has a negative impact on socioeconomic status by constraining an individual's ability to work and earn income. Research indicates that 45-65% of people with HIV are unemployed.

A quote from a participant at the 2023 PrideNet Listening sessions stated:

> *"I would say many of us who are living with HIV from back in the day are living on disability and subsidy, and finding housing is a real issue. And getting quality housing because right now, I'll just say, I'm having to move from my place because the foundation is falling in and the landlord is not doing anything."*

To address housing barriers experienced by HIV+ older adults, the Subcommittee recommends:

- The development of additional subsidized housing for people living with HIV
- Expanded case management services to HIV+ older adults to assist in navigating housing, employment and benefit enrollment
- De-siloing the HIV and Aging fields to include increased collaboration and cross-training

Create Housing Toolkit for older adults with resources and information for LGBTQ+ and HIV+ Older Adults

Navigating the aging landscape can be overwhelming and confusing for any older adult. For LGBTQ+ older adults there is a lack of awareness of LGBTQ+ protections, resources and assistance available.

It is recommended that a LGBTQ+ aging toolkit be developed and promoted. The toolkit can provide information on:

- Protections for LGBTQ+ people in Illinois
- Reporting discrimination in Illinois
- LGBTQ+ Housing resources such as those provided by SAGE's LGBTQ+ Housing Initiative

Expanded SOGI data collection

The collection of sexual orientation and gender identity (SOGI) is widely considered the best practice. SOGI data can help policymakers and advocates understand and address health inequities and disparities faced by LGBTQ+ communities. In 2021 SB 2133 passed in Illinois requiring SOGI data collection across 10 state agencies. State agencies are still working toward the implementation of this data collection.

The Subcommittee recommendations:

- State agencies work diligently to implement SOGI data collection in Illinois
- Staff receive LGBTQ+ cultural competency training to better understand this data collection

Support LGBTQ+ Older Adults in Aging in Place

The vast majority of older adults prefer to age place and with advance planning and coordination this is increasingly becoming a viable option for LGBTQ+ older adults. As a person ages, they may need to consider

home modifications to help them age in place in the event their mobility changes. This can include things such as ramps, grab bars, bathroom modifications, widening doorways, medical alert system and smart home devices.

For many older adults aging in place may involve hiring homecare support. Additional factors for LGBTQ+ older adults such as how to pay for this care, social isolation and safety need to be taken into account. An additional concern includes ensuring that the homecare is LGBTQ+ affirming.

The Subcommittee recommends:

- Training homecare providers in LGBTQ+ cultural competency
- Providing funding to assist with home modifications
- Supporting older adults in exploring homecare options and enrolling in homecare services
- Raising awareness of how families of choice who are involved in caregiving can be paid for this work for eligible seniors through the Community Care Program

Using the model of 3 Area Agencies on Aging in Illinois that provide LGBTQ+ older adults services:

1. AgeOptions, Inc & Thrive with Pride serving 130 communities in suburban Cook County.
2. Agelinc Area Agency on Aging & PrideLinc, serving the counties of, Cash, Christian, Green, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott.
3. Egyptian Area Agency on Aging & Golden Rainbow of Illinois South, serving the counties of, Alexander, Franklin, Hardin, Gallatin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, and Williamson.

These 3 Area Agencies on Aging have partnered with LGBTQ+ organizations to provide programs and services advocating for the aging LGBTQ+ population. The partnerships are breaking down the existing barriers allowing the aging LGBTQ+ population to utilize the aging services they are entitled to without the fear of discrimination and stigma typically attached to social programs which can serve as a model for other state of Illinois Area Agencies on Aging.

Aging LGBTQ/Aging with HIV Housing Subcommittee Addendum

It is anticipated federal budget cuts to the current funding for Housing Opportunities to Persons with Aids (HOPWA), the Ryan White Funds, the US Department of Housing and Urban Development (HUD), the Centers for Disease Control and Prevention (CDC), and other programs supportive of teh LGBTQ community will have negative consequences to LGBTQ/Aging with HIV individuals including:

- Higher eviction rates and homelessness.
- Worse health outcomes and a disruption to care.
- The senior housing shortage and deterioration of existing senior housing have a direct hit on the low-income LGBTQ elders.
- Rural Housing has fewer providers and less rental stock, leaving rural LGBTQ elders with little support.
- Nonprofits that provide housing will be under strain with possible reduction of work and the collapse of existing programming.

These federal budget cuts will directly affect the Illinois 2026 budget, with a direct impact on the aging LGBTQ/Aging with HIV in Illinois, in particular, rural communities, because of the existing lack of low-income housing and lack of resources.

Affordable housing has a direct relationship with healthcare.

HIV and Aging and Long-Term Survival (HALTS) Subcommittee

Summary

Nearly half (around 46%) of people living with HIV in Illinois are aged 50 or older, with over 16,500 individuals in this age group, according to data cited by HIV Care Connect and Illinois Department of Public Health (IDPH) from 2022, showing a significant older population living with HIV in the state. LGBTQ+ people, especially gay, bisexual and other men who have sex with men (MSM), along with transgender individuals, are disproportionately affected by HIV due to biological factors, social determinants like stigma, discrimination, homophobia, racism, and barriers to healthcare, leading to higher rates of new transmissions and prevalence within these communities compared to the general population. Addressing these social and structural issues, along with expanding access to comprehensive HIV prevention and care, is crucial to ending the epidemic and achieving health equity for all LGBTQ+ people.

Older adults with HIV experience more co-occurring conditions such as diabetes, heart disease, kidney and bone issues, liver disease, and cognitive issues, and at an earlier age, than people without HIV. HIV long-term survivors (LTS), people who have lived with HIV for 10, 20, 30 years or more, show increased rates of social isolation, depression, anxiety, PTSD, substance use, and other psychosocial issues. Many of them have survived the early days of the epidemic and lost entire networks of friends and family and may experience survivors' guilt as a result.

The purpose of the HIV and Aging and Long-Term Survival (HALTS) Subcommittee of the Illinois Commission on LGBTQ+ Aging is to identify existing resources and gaps in services for people aging with HIV and long-term survivors in Illinois, and to develop recommendations for consideration by the Illinois Commission on LGBTQ+ Aging. While the Subcommittee recognizes that its work may have implications for other populations (including non-LGBTQ people living with HIV), its primary focus remains aligned with the mission and priority population of the Commission.

The HALTS subcommittee met monthly to assess resources, identify service gaps, and develop recommendations to better support people aging with HIV and long-term survivors across Illinois. The Subcommittee's work focused on advancing equitable, person-centered systems aligned with the Commission's mission.

Key findings highlighted the need for stronger coordination among local and state agencies, expanded outreach beyond the Chicago Eligible Metropolitan Area (EMA) to all 102 counties, increased credibility and relevance of HIV and aging-related educational materials, and sustained advocacy efforts addressing policy gaps, including long-term care protections. Subcommittee members also engaged in statewide policy and advocacy initiatives related to HIV and aging.

Informed by the *Sharing Wisdom & Shaping Legacies* convening held in May 2024—which brought together more than 200 people from across Illinois—participants identified a shared framework to guide future work. This framework centers **health equity** as a foundational principle and emphasizes **wellness, wholeness, and personalization** as defining characteristics of effective systems. Participants stressed the importance of trauma-informed care, intersectional approaches, and meaningful inclusion of long-term and lifetime survivors (people born with HIV) in planning and decision-making.

Based on these findings, the HALTS Subcommittee recommends grounding all HIV and aging-related services and policies in health equity; integrating trauma-informed, holistic, and coordinated care models; ensuring

services are flexible and personalized; elevating the voices of long-term and lifetime survivors; investing in system navigation and literacy supports; updating HIV and aging educational materials; and convening statewide partners to align efforts and establish shared priorities.

Together, these recommendations call for a coordinated, equitable, and person-centered response to support people aging and living long-term with HIV throughout Illinois.

Findings

The HALTS Subcommittee identified the following key findings:

- There is a need for improved coordination among local and state entities engaged in HIV and aging-related work. Participants emphasized the importance of convening partners to share updates, align efforts, and identify shared priorities moving forward.
- Services and outreach related to HIV and aging must extend beyond the Chicago EMA to reach individuals living in all 102 counties across Illinois, especially those living in areas with lower population densities.
- There is a need to ensure the credibility, relevance, and accuracy of some existing printed materials addressing HIV and aging and LGBTQ+ older adults.
- As we address issues related to HIV and aging, long-term survival, and intergenerational dialogue, it is essential to intentionally include lifetime survivors—people born with HIV, often referred to "dandelions" —in these conversations. While their experiences and needs may differ in important ways from those of long-term survivors, there are also meaningful areas of overlap. Despite this, lifetime survivors are frequently excluded from discussions about HIV and aging, which tend to focus primarily on individuals aged 50 and older.

Recommendations

Based on these findings, the HALTS Subcommittee offers the following recommendations:

Center Health Equity as a Foundational Requirement

All HIV-related services, programs, and policies should be explicitly grounded in a health equity framework. This includes addressing disparities in access and outcomes, reducing stigma and isolation, incorporating intersectionality, and embedding trauma-informed approaches. Health equity should be a required design principle, not an aspirational goal, no matter where services are provided.

Integrate Trauma-Informed Care Across Systems

Public health, medical, social service, and benefits systems must recognize the pervasive role of trauma in HIV vulnerability and long-term survival. Agencies should adopt trauma-informed practices and ensure that staff are trained to respond to the lived experiences of people aging with HIV and long-term survivors. Adequate funding for training and implementation will be needed to achieve these goals.

Design Systems That Prioritize Comfort, Dignity, and Trust

Systems should be intentionally designed to ensure individuals feel heard, respected, and supported. Consumer input should be meaningfully incorporated into program design, implementation, and evaluation to foster trust and engagement.

Move Beyond Siloed Services Toward Holistic, Integrated Care

Fragmented service models should be replaced with coordinated, wraparound approaches. Medical care, benefits advocacy, housing support, behavioral health services, and employment assistance should be integrated or co-located whenever possible, and geographic barriers should be minimized.

Ensure Services Are Personalized and Flexible

One-size-fits-all approaches are insufficient and often harmful. Systems must allow for individualized, flexible responses that reflect each person's unique needs, priorities, and life circumstances. Personalized navigation and advocacy support should be available to assist individuals in navigating complex systems.

Elevate the Voices of Long-Term and Lifetime Survivors

Long-term survivors, including lifetime survivors (individuals born with HIV), should be meaningfully included in planning, leadership, and decision-making processes related to HIV and aging. Their lived expertise is essential to effective system design and policy development.

Invest in System Literacy and Navigation Support

Funding and policy should prioritize roles and programs that provide knowledgeable, compassionate navigation and advocacy support to help individuals access and move through public health and social service systems.

Update Outreach Materials on HIV and Aging

Existing outreach materials related to HIV and aging should be reviewed and updated to ensure accuracy, relevance, and credibility. Materials should include language and disability justice and non-stigmatizing language to allow broad access.

Convene Local and State Partners

Convene local and state partners across Illinois—including IDPH, CDPH, GTZ-IL, IDoA, The Reunion Project, and Area Agencies on Aging—to share updates on current HIV and aging initiatives, discuss emerging issues, and identify shared priorities for future action.

Conclusion

The findings and recommendations outlined in this report underscore a clear and urgent reality: Illinois must intentionally adapt its HIV, aging, and long-term care systems to meet the evolving needs of people aging with HIV and long-term and lifetime survivors. As the population of older adults living with HIV continues to grow, the challenges they face—medical, psychosocial, structural, and economic—require coordinated, trauma-informed, and equity-centered responses that extend well beyond traditional HIV care models.

The work of the HALTS Subcommittee highlights both the resilience of long-term and lifetime survivors and the gaps that persist across systems designed to serve them. Fragmented services, geographic inequities, outdated educational materials, and insufficient inclusion of lived experience undermine efforts to promote wellness, dignity, and quality of life.

Implementing the recommendations in this report will require sustained leadership, cross-agency collaboration, meaningful survivor engagement, and ongoing investment at the local and state levels. By centering the voices and experiences of people aging with HIV, including long-term and lifetime survivors, Illinois has the opportunity to strengthen systems of care, reduce disparities, and model a compassionate, person-centered approach that honors both survival and thriving.

Training and Outreach Subcommittee

Summary

The Training and Outreach Subcommittee seeks to 1) develop, implement and advocate for funding of statewide training curricula that improves provider competency in the delivery of culturally responsive health, housing, and long-term support services to the LGBTQ+ aging community, 2) create an outreach plan that identifies training needs within and outside of the LGBTQ+ aging community and 3) address the apprehension within the LGBTQ+ aging community in utilizing mainstream providers. The subcommittee will work with other Commission subcommittees to integrate the Commission's efforts for a consistent and comprehensive plan of action.

Language in the law explicitly impacts the work of this subcommittee:

- Section 8.10.a(6) Examine the feasibility of developing statewide training curricula to improve provider competency in the delivery of culturally responsive health, housing, and long-term support services to LGBTQ older adults and their caregivers.
- Section 8.10.a(9) Examine outreach protocols to reduce apprehension among LGBTQ older adults and caregivers when utilizing mainstream providers.

Goals/priorities:

Early on, subcommittee members prioritized the following:

- Developing parts of a program that are practical, measurable and have documented impact on people providing services and those receiving them
- Understanding how patients/clients see cultural competency demonstrated
- Inventory training is currently being provided
- Finding best and promising practices in LGBTQ cultural competency trainings
- Building awareness about the Commission
- Surveying hospitals to see what they request and what needs to be augmented (Perhaps focus on teaching hospitals)
- Understanding what training medical students are receiving in the state in terms of cultural competency
- Creating a training framework

Activities

Since the first meeting of the Illinois Commission on LGBTQ Aging, subcommittee activities have included:

- Developing subcommittee goals and a work plan
- Reviewing reports focused on priorities for LGBTQ+ older adults
- Reviewing LGBTQ and older adult centered training curricula and opportunities
- Meeting with individuals who provide training
- Developing an understanding of what is needed, including cost, for a robust statewide training initiative
- Reviewing the drafts of the 2026 state-mandated DEIA and LGBTQIA+ Equity Inclusion developed by the Office Equity within the Governor's Office

Findings

Training-related Activities & Considerations

The Outreach and Training Subcommittee spent the bulk of its time focused on developing an understanding of minimum training requirements, reviewing current and potential training resources and determining how training might be implemented to a wider group.

Illinois State-Mandated Trainings

Illinois employees and individuals who are appointed to state commissions, councils, task forces and other state bodies are required to complete annual training courses that at a minimum include the following:

- Ethics Training Program for State Employees and Appointees
- Diversity, Equity, Inclusion and Accessibility Training (DEIA)
- Harassment and Discrimination Prevention Training
- HIPAA & Privacy Training
- LGBTQIA+ Equity and Inclusion Training (LGBTQIA+ E&I)
- Security Awareness Training

Members of the Illinois Commission on LGBTQ Aging were required to complete these trainings each year of their terms. The Outreach and Training Subcommittee took particular interest in the quality and inclusiveness of the DEIA and LGBTQIA+ E&I trainings. In addition to taking these training courses over the years, the Governor's Office of Equity met with members of the subcommittee to listen to feedback and was gracious in allowing subcommittee members to review the 2026 training drafts. As we shared with the office, we found the training to be informative and thoughtful and suggested more inclusion of older adults in the images and training scenarios.

Since there are already state-mandated training courses for employees and appointees, perhaps the LGBTQIA+ training could be adapted for the training required by the statute (20 ILCS 105/8.12). This would require focus on older adult issues and adding information on HIV and stigma at a minimum (see section below).

Curriculum Requirements

The provisions of the Illinois Act on Aging applicable to training (20 ILCS 105/8.12) allows the Illinois Department on Aging to develop a curriculum and training program itself or contract with a vendor to do so with the provision that qualified LGBTQ older adults and older adults living with HIV will be recognized as experts in identifying and addressing the challenges
they face.

Furthermore, at a minimum, the curriculum and training program required by this Section must address the following: (1) definitions of common terms and examples associated with sexual orientation, gender identity, and gender expression; (2) affirming methods of communicating with or about LGBTQ older adults and older adults living with HIV; (3) the health and social challenges historically faced by LGBTQ older adults and older adults living with HIV; (4) the importance of professionalism by providers and the way caretaker attitudes affect access to care, services, participation, and overall physical and mental health outcomes; (5) methods to create a safe and affirming environment and the penalties for failing to meet legal and professional standards; and (6) legal issues relating to LGBTQ older adults and older adults living with HIV, including, but not limited to, civil rights and marriage laws.

In addition to concerns about the content of the training, subcommittee members also had concerns about how training would be delivered. One of the resources the subcommittee reviewed and endorsed is Pride Action Tank's training principles. Pride Action Tank is multi-issue convenor and strategy co-creator with LGBTQ+ communities and allies and is a project of AIDS Foundation Chicago. The training principles are as follows:

1. Coach through discomfort, past failure, into confidence
2. Ground in empathy
3. Center in humility (willing to suspend what you know about others and topics)
4. Practice positive interdependence and collaboration (dismantling the hierarchy of expertise)
5. Meet the Learner where they are
6. Ground in intersectional perspectives

SAGE Trainings as an Option

SAGE is the country's largest and oldest organization dedicated to improving the lives of LGBTQ+ older people. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources to LGBTQ+ older people and their caregivers. SAGE provides basic LGBTQ+ cultural competency trainings for Area Agencies on Aging across the country, including in Illinois. They also provide other resources through their website and technical assistance to AAAs as does their partner organization, the National Resource Center on LGBT Aging. The Subcommittee reviewed the training options and other resources available on SAGE's website.

In October 2023, Subcommittee members spoke with individuals from the organization after a review of SAGE's website and learned that SAGE has partnered with a number of states (including Illinois previously) to provide training content
that is aligned with state-specific regulations and laws. Some of the learnings from the conversation included the following:

- When training requirements were not included in state regulations or laws, SAGE worked with state partners to decide on which components they thought were essential.
- Much of the expanded training (beyond SAGEcare) is the management training component, which is listed as a topic-specific training on SAGE's website. It focuses on organization change.
- Every state that SAGE has worked with has had different factors to consider so the process of developing the training is iterative.
- Different states have used different funding sources.
    - ◊ AAAs, including those in Illinois, receive some SAGE training at no cost to them
    - ◊ "Civil money penalty reinvestment funds" have been used to fund some trainings in the long-term care setting. This funding results from penalties collected for Medicaid violations.

OUTSafe as a Supplemental Training

In 2024, AgeLinc, the Area Agency on Aging for Lincolnland, led a collaborative effort to develop a new LBGTQ+ Older Adult Violence Prevention Program called OUTSafe. This is a free competency training for those working with LGBTQ+ seniors that helps these providers better understand the unique needs of those in the community. In addition, it offers a safe space for the seniors to seek the services and support they need without fear of discrimination or stigma. The training is an introductory course, meant to provide stepping-stone continued education on violence prevention and improved competency on LGBTQ+ relations.

Outreach & Training Facilitators, Activities & Considerations

The Outreach and Training Subcommittee recognizes how fortunate we are to live in a pro-equality state like Illinois. Over the years, elected officials, advocates and other decision makers have worked to create and update policies and practices that serve to ensure the visibility and rights of LGBTQ+ older adults, older people living with HIV and other groups that have been historically discriminated against. The following are some examples that could be highlighted in cultural competency trainings and increase visibility of older adults who identify as LGBTQ+ and/or are living with HIV.

- *The Illinois Human Rights Act* (Public Act 775 ILC5) prohibits discrimination, harassment, sexual harassment, and retaliation against individuals in connection with employment, real estate transactions, access to credit, public accommodations, and education. It also enumerates several protected classes including age (40+), disability, gender identity and sexual orientation.
- *The Illinois Act on Aging* (20 ILCS 105) was updated in 2019 to expand the definition of "greatest social need" to include sexual orientation, gender identity and HIV status. Greatest social need is defined as "the need caused by noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently." When the governor signed the bill that led to this law, Illinois became the 3rd state to add gender identity and sexual orientation to its Act on Aging and the first to include HIV status. It also added anti-discrimination language to the Nursing Home Act.
- *Health care professionals* who hold certain licenses are required to complete cultural competency training. According to Title 68 Section 1130.525 of the Illinois Administrative Code, "Cultural competency training includes development of a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities."

Data to Inform Policy Making

Subcommittee members talked early and often about the lack of state-specific demographic and disparity data related to LGBTQ+ older adults and older adults who are living with HIV. One of the documents that we reviewed was the AARP of Illinois/SAGE report *Disrupting Disparities: Challenges and Solutions for 50+ LGBTQ Illinoisans* report published in 2021. The report is an outstanding resource for policy and practice recommendations, including a call for the establishment of the Illinois Commission on LGBTQ+ Aging, and it does a thorough job of highlighting various impacts of the social determinates of health on LGBTQ+ older adults through the synthesis of data analysis from previously published reports of other well-respected organizations.

The Disrupting Disparities report also includes a discussion on the need for LGBTQ+-inclusive [and HIV] data collection focused on older adults from these two population groups. As the report notes,

The data gap means policymakers and providers lack the information they need to better understand and serve LGBTQ older adults and to target resources appropriately. Ongoing collection of demographic data is especially important to understanding racial inequities among older Illinoisans and the intersectionality of race and ethnicity with factors such as sexual orientation, gender identity, disability, and income.

The 2021 amendment to the Illinois Act on Aging, an act concerning demographic data, holds promise for obtaining inclusive demographic data in the future. The amendment added age, sex, disability status, sexual orientation, gender identity and primary or preferred language to the list of data factors that state agencies were already required to collect. The law requires an annual report from named agencies stating that it has invested resources to update data collection tools.

The Outreach and Training Subcommittee endorses efforts by the state and concerned advocates to ensure the continued thoughtful and safe implementation of this law and related activities such as data storage, form updates, and culturally responsive data collection methods. Like others, we have many concerns regarding data collection, including privacy concerns, in the present moment as reflected below.

Recommendations

Based on the research described above, the Outreach and Training Subcommittee has the following recommendations.

- Develop a comprehensive assessment of needs and challenges of LGBTQ+ older adults, older adults living with HIV, and their care givers in Illinois through via a statewide needs assessment survey, perhaps in partnership with a state university, and analysis of data collected during the input processes for the Statewide Aging Plan, Illinois Multi-Sector Plan on Aging and other data collection efforts. The assessment would be used to strengthen trainings and programs.

Healthcare Subcommittee

Summary

The Healthcare Subcommittee seeks to enhance healthcare access for LGBTQ Illinoisians who are aging. We will ensure that health care is delivered in a safe and welcoming manner by increasing provider competency, assuring that patients know their options and rights. We hope to increase healthcare utilization among the LGBTQ Aging Population by examining how our patients utilize healthcare and the overall patient experience.

The Healthcare Subcommittee is committed to improving healthcare access and equity for LGBTQ older adults in Illinois. Our review identified two critical priorities: (1) increasing provider awareness and competency in delivering culturally responsive care, and (2) reducing premature institutionalization by promoting home and community-based alternatives.

Findings

Key findings highlight significant barriers faced by LGBTQ seniors, including limited provider training, inadequate discharge planning, insufficient caregiver support, and challenges navigating Medicaid and managed care systems. These gaps often result in delayed services, housing instability, and diminished quality of life.

To address these issues, the Subcommittee recommends:

- Assessing and enhancing provider training programs to ensure compliance with cultural competency requirements.
- Conducting listening sessions to capture the experiences of LGBTQ older adults and inform policy improvements.

Implementing these strategies will advance equitable healthcare delivery, strengthen community-based supports, and safeguard the dignity and independence of LGBTQ seniors across Illinois.

The Subcommittee looked at two priorities/action steps:

- Examine strategies to increase provider awareness of the needs of LGBTQ older adults and their caregivers with a focus on improving the competence and access to quality treatment, services, and ongoing and preventive care.
- Examine policies and procedures or the absence thereof that promote premature admission of LGBTQ older adults to institutional care. Examine what potential cost savings exist as a result of providing lower cost and culturally responsive home and community-based alternatives to institutional care.

Overall Activities

- Created a purpose statement
- Brainstorming discussion to identify Healthcare Needs for LGBTQ Aging Population:
    - ◊ Long Term Care
    - ◊ Rural Access
    - ◊ Veterans
    - ◊ HIV Long Term Survivors

- ◊ Transgender and access to gender affirming care
- ◊ Reproductive Health Care Needs for those of all gender identities
- ◊ People with Disabilities
- ◊ Behavioral Health Needs and Lack of Support

- Information Gathering
  - ◊ Discussion about preventing premature admission; learned from IDoA and HFS about admission to LTC, and Pre-Admission Screening, Resource and Referral
  - ◊ Met with Britta Larson to discuss barriers LGBTQ+ Seniors face when they desire to remain in the community

- Other Opportunities
  - ◊ Safe space providers – identify those providers, encourage welcoming providers to promote that they are a safe and affirming provider
  - ◊ Examine if providers have existing bill of rights statements that address the rights and needs of LGBT Aging population.

Recommendations

- Assess provider training programs (HCP, home services, other) to determine if they require provider training on care for the LGBTQ+ Aging population (this could be monitoring of the bill that was signed (eff. 2025) requiring that all healthcare professionals receive cultural competency training in this space; Provide a list of vetted training programs or key learning competencies that should be included

Barriers LGBTQ+ Seniors Face to Remaining in Community

- Levels of family or community support are not always the same
- Need better access to homemakers/caregivers, more hours, more people willing to do overnights, and provide all types of care that are needed.
- Need assistance with coordination of care. Navigating the Medicaid and managed care system as well as getting access to services was challenging
- Need someone to advocate for them/someone in their corner
- Discharge planning is often too quick, may go into skilled nursing facility and when this happens, it can be very hard to go back into the community
- While in hospital/skilled nursing facility rent may not be being paid so people get evicted
- If people come home after hospitalization or nursing home stay there is a long wait for the services needed, medical equipment
- People who are support system for LGBTQ+ community don't have enough support for themselves
- Transportation is needed to get to and from critical appointments.
- Need more dental care
- Need better education at discharge, what their rights are, what options are available to them
- Need better mental health supports
- Tap into community health worker network

Conclusion

The subcommittees developed specific goals by identifying the needs of each of their areas. However, the work of each subcommittee intersects with the rest and have a common goal, uplifting the needs of the LGBTQ+ aging community and their caregivers.

Through lived experience, advocacy, and a commitment to serving others, the commission's goal was to make informed recommendations to ensure LGBTQ individuals live their most authentic lives in both urban and rural communities across Illinois's 102 counties. This will be achieved by implementing the recommendations in this report related to housing, whether it is aging in place, a safe assisted living arrangement, or a long-term care facility, ensuring those aging with HIV continue to receive the best possible trauma-informed care, including the most up-to-date information without stigma. Continued advocacy and funding for cultural competency training should be provided to all agencies and healthcare providers across all departments to ensure a comprehensive understanding and equitable access to affordable healthcare free of stigma and discrimination, with language and knowledge specific to serving the needs of the LGBTQ community and those aging with HIV.

As outlined in the statute the Illinois Commission on LGBTQ Aging is set to terminate and dissolve after the submission of its final report on March 31, 2027. In accordance with the governing statute and the established timeline, the Commission will continue its work to develop an implementation plan during the next year and will submit its final report in March 2027.

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