State of Illinois
Illinois Department on Aging
Illinois Department of Healthcare and Family Services
Illinois Department of Human Services
Illinois Department of Public Health

Serving Minority Seniors

2012

A Report to the Governor and the Illinois General Assembly

from the
Illinois Department on Aging
Illinois Department of Healthcare and Family Services
Illinois Department of Human Services
Illinois Department of Public Health

as required by Public Act 88-0254

The Honorable Pat Quinn, Governor, and the Honorable Members of the Illinois General Assembly

We are pleased to provide you with the Minority Services Report as required by Public Act 88-0254. This Act requires that the Department on Aging, the Department of Human Services, the Department of Public Health and the Department of Healthcare and Family Services cooperate in the development and submission of an annual report on programs and services provided to minority senior citizens.

The report is submitted to meet the above requirement and describes in detail the programs and service initiatives directed to, or available to, senior citizens in Illinois. The report focuses on the extent to which these services and programs have succeeded in their efforts to target minority seniors.

We are proud of the efforts to date in making our services more appropriate and accessible to minority and ethnic elderly, and, with your continued support, look forward to even greater successes in the coming year.

Director
Illinois Department on Aging

Secretary
Illinois Department of Human Services

Director
Illinois Department of Public Health

Director
Illinois Department of Healthcare and Family Services

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I

The Four State Agencies and their Services to Seniors

Illinois Department on Aging

The Illinois Department on Aging (IDoA) helps older adults live independently in their own homes and communities. The Department recognizes the importance of programs and services that adapt to meet the needs and ensure the quality of life for an age cohort that continues to increase in longevity. Working with Area Agencies on Aging, community-based service providers, older adults and their caregivers, the Illinois Department on Aging strives to improve the quality of life for current and future generations of older Illinoisans.

Illinois Department of Healthcare and Family Services

The Illinois Department of Healthcare and Family Services (IDHFS) is responsible for providing healthcare coverage for adults and children who qualify for medicaid, and for providing child support services to help ensure that Illinois children receive financial support from both parents.

Illinois Department of Human Services

The Illinois Department of Human Services (IDHS) assists Illinois residents to achieve self-sufficiency, independence, and health to the maximum extent possible by providing integrated family-oriented services, promoting prevention, and establishing measurable outcomes, in partnership with communities. The primary focus of the Department is on providing needed services to individuals and families, while assisting them to become self-sufficient members of society. The Department has instituted a new approach to service delivery, by enabling Illinois' citizens to seek solutions to their various needs with user friendly technology.

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) serves the state with a mission to promote health through the prevention and control of disease and injury. Its 200 different programs are designed to serve all residents and visitors in Illinois, but the vulnerable elderly are a distinct focus. Public health provides the foundation for gains in extending the length of human lives and improving the quality of those lives by activities such as setting standards for hospital and nursing home care, checking the safety of recreation areas and public restaurants. The IDPH oversight works to protect citizens against unsafe and unsanitary conditions, health threats and health disparities among racial groups.

II

Definition of Terms

Racial and ethnic minority populations

This report will use the categories and definitions of racial and ethnic minority populations used by the U.S. Department of Health and Human Services.

American Indian and Alaska Native

People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian

People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Black or African American

People having origins in any of the black racial groups of Africa.

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The U.S. Census Bureau American Community Survey (ACS) states this definition: "People who identify with the terms 'Hispanic' or 'Latino' are those who classify themselves in one of the specific Hispanic or Latino categories listed on the Census 2000 or ACS questionnaire — 'Mexican,' 'Puerto Rican,' or 'Cuban' — as well as those who indicate that they are 'other Spanish, Hispanic, or Latino.' Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Spanish, Hispanic, or Latino may be of any race."

Native Hawaiian and Other Pacific Islander

People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Multiracial
People having origins in two or more of the federally designated racial categories. (Note: Though OMB and Census 2000 use "two or more races," we use the term "multiracial" because it is the term most widely used and accepted by advocacy groups and state laws.)

White
People having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Age

The definition of age as a basis for service is related to the funding source of programs, and for that reason, age of eligibility for services varies within and between state departments.

- In the **Department on Aging**, age 60 and older determines eligibility for services under the federal Older Americans Act and the Community Care Program. Age 65 and older, or age 16 and older with a qualifying disability, and limited income determines eligibility for Circuit Breaker benefits. Age 55 determines eligibility for older worker services from the federal Department of Labor.
- In the **Department of Healthcare and Family Services**, age 65 is used as an eligibility factor for some Medical Assistance programs, such as Aid to the Aged, Blind and Disabled (AABD) and Illinois Cares Rx. For the purpose of this report, age 55 was the minimum age used to collect the utilization and expenditure data presented in later sections.
- The **Department of Human Services** has no age-based eligibility.
- The **Department of Public Health** has no age-based eligibility for services to older adults.

III

The Programs and Services within Each of the Four State Agencies that are Designed Specifically for Senior Citizens or Used by Some Senior Citizens

NOTE: Demographic data is not collected on all services due to the format of the federal report. Further, the eligibility age for services varies among funding sources, making a uniform report impossible.

Illinois Department on Aging

The Illinois Department on Aging serves and advocates for Illinoisans age 60 and older and their caregivers by administering programs and promoting partnerships that encourage independence, dignity and quality of life. These services are delivered through the Aging Network composed of the IL Department on Aging, Area Agencies on Aging, Care Coordination Units, senior centers or local access points. Many of these services allow senior citizens to continue living in their own homes and include meal and transportation programs, employment programs, recreation, legal services, counseling, residential repair and renovation, housing assistance, education information and assistance, outreach, in-home care and other services. By having the Aging Network, we can better advocate for older adults in their respective geographic areas and provide this direct service system to those in need.

Older Americans Services

Programs funded by the Older Americans Act served more than 478,280 seniors age 60 and over, or approximately 23% of Illinois' 2.1 million people, in FY 12, who reside in neighborhoods throughout IL . Through the efforts of our Aging Network older adults were able to continue living independently within their communities. Congregate meals, chore services, home delivered meals, assisted transportation and employment are the most accessed programs. Recreation, legal services, counseling,, residential repair and renovation, housing assistance education, information and assistance, outreach, in-home care and other services are offered as well through senior centers or central access points. Programs funded by the Older American Act serve more than

Congregate Meals

Congregate meals are served weekdays in over 460 number of sites throughout IL, including senior centers, churches, senior housing facilities, restaurants and community buildings. The program provides a nutritionally balanced meal and may also include nutrition education.

Home Delivered Meals

When older adults cannot leave their homes and cannot personally prepare nutritious meals, home delivered meals are an available option. Volunteers who deliver meals to homebound older persons have an important opportunity to check on the welfare of the homebound elderly and are encouraged to report any health or other problems that they may observe during their visits.

Meals served under the Nutrition Program must provide at least one-third of the daily recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council.

The Nutrition Program also provides a range of related services including nutrition screening, assessment, education and counseling. In addition to home-delivered meals, Nutrition programs in Illinois served approximately 99,620 older adults at 512 sites across the state.

Chore Services

Chore services assist person having difficulty with one or more instrumental activities of daily living (i.e. house cleaning, laundry, shopping, and meal preparation). These services often compliment or supplement the services available under the Community Care Program.

Assisted Transportation

Transportation is the critical link that assures access to vital services such as health care, social and nutritional services, family and friends, stores and jobs. The availability of transportation allows older adults to live independently in their communities and helps prevent isolation and premature nursing home placement. Unfortunately, many older persons cannot drive because of hearing, vision or mobility losses, health conditions or they do not own an automobile. Assisted transportation is the provision of assistance and an escort for older adults to access services and opportunities that help them remain independent within their communities.

Persons Receiving Congregate Meals Under the Older Americans Act During FY 12

Race	Count
African Americans	18,801
Hispanic Orgin	2,932
American Indian or Alaskan Native	366
Asian	3,170
Caucasian	54,425
Other	970

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY 12

Race	Count
African Americans	8,844
Hispanic Orgin	1,188
American Indian or Alaskan Native	53
Asian	327
Caucasian	25,797
Other	117

Persons Receiving Chore Services Under the Older Americans Act During FY 12

Race	Count
African Americans	239
Hispanic Orgin	59
American Indian or Alaskan Native	0
Asian	49
Caucasian	1,125
Other	4

Senior Service Employment Program

The Senior Community Service Employment Program (SCSEP), also known as the Title V Program, is a federally funded program designed to assist adults age 55 and older in entering or reentering the job market. The program is administered by the Illinois Department on Aging through the Area Agencies on Aging, which are responsible for implementation at the local level.

The SCSEP Program fosters and promotes part-time and temporary community service opportunities that contribute to the general welfare of the community.

The **Long-Term Care Ombudsman Program** works to protect the rights of those who live in a variety of long-term care facilities. The program's activities include investigating and resolving complaints made by or on behalf of residents, providing information about long-term care facility placement, and monitoring the development of laws, regulations and policies that relate to long-term care facilities.

The **Elder Abuse and Neglect Program** reports suspected cases of abuse, neglect or exploitation of older adults for investigation. Trained case workers from designated local agencies work with victims to prevent further abuse and to arrange for needed services, which can include in-home care, counseling, medical assistance, legal intervention or law enforcement assistance.

Persons Receiving Assisted Transportation Under the Older Americans Act During FY12

Race	Count
African Americans	134
Hispanic Orgin	4
American Indian or Alaskan Native	3
Asian	3
Caucasian	398
Other	1

Persons Receiving Senior Community Service Employment Program Benefits Under the Older Americans Act During FY12

Race	Count
African Americans	289
Hispanic Orgin	59
American Indian or Alaskan Native	10
Asian	11
Caucasian	209
Other	0

The Community Care Program

The Department on Aging administers the Community Care Program (CCP), a major initiative to prevent the unnecessary institutionalization of people in Illinois who are age 60 and over. The program is designed to meet the needs of elderly people who have difficulty with household and personal care tasks but could continue to live in their own homes with appropriate assistance. Services include **comprehensive care coordination, in-home, adult day, emergency home response and flexible senior services for clients with needs outside the normal spectrum of services available. Examples of flexible senior services include respite care, home modifications and assistive devices. Home visits through the Senior Companion Program are also available in some areas.**

The program has been fundamentally restructured, adding service options and opening the service to many more people by expanding access. **During FY 11, the CCP served an average of 68,100 frail elderly each month, thereby successfully diverting or delaying many of those individuals from entering a nursing home.**

Expansion has been supported by the Older Adult Services Act (P.A. 093-1031), legislation that calls for restructuring all aspects of service, including the provision of housing, health, financial and supportive services for older adults. It also calls for the development of a Nursing Home Conversion Program to be established by the state departments of Public Health and Healthcare and Family Services. The program would reduce reliance on nursing homes by Medicaid, the federal-state program that reimburses the state for part of the health care costs for the poor. Savings from this effort would be reallocated to a broader array of options for home-based or community-based services to older adults. The Illinois Department on Aging began the restructure in late 2004, and gave priority to the expansion and development of new services.

Restructure, according to the law, includes: the expansion of services to older adults and their family caregivers, subject to availability of funds, development of rules to implement the law, an annual report of progress, and collaboration between the state departments of Aging, Public Health and Healthcare and Family Services and others to implement the act.

CCP is supported by State General Revenue funds as appropriated by the legislature. A portion of the cost for Medicaid-eligible clients is reimbursed to Illinois through a federal Title XIX, Medicaid, Home and Community Based Service Waiver.

The need for community care services is determined by local community agencies, Care Coordination Units (CCUs), which are under contract with the Illinois Department on Aging. Each CCU serves a unique area that can range from a portion of a county, as in Cook County, to a single county or to several counties in rural areas.

A CCU at a local senior center, social service agency or health department first assess a client's needs, determines an individual's eligibility, designs a care plan and makes arrangements with the contractual provider agencies for delivery of the appropriate services. These units also serve as central-access points of information about additional services for senior citizens. Additionally, care coordinators pre-screen individuals preparing to leave a hospital and considering the need for long-term care, outlining the options for care that are available. If the care coordinator determines that community based care is appropriate, the individual may choose to live at home and receive services through the Community Care Program.

Statewide education and outreach

Outreach — information, education and advocacy — is provided by the Department on Aging and through the area agencies on aging at a variety of venues throughout the state: speeches and presentations, participation in health and community based information fairs, special events, seminars and conferences. Information outreach is also achieved through public-private partnerships among business and labor, medical professionals, the religious community, educators, local government units and the media. A primary goal of the Division of Community Relations and Outreach is to understand the needs of diverse minority groups of elders and to help these groups find services and programs that meet each group's individual needs in the most appropriate and sensitive manner possible.

To carry out its mission to serve and advocate for older Illinoisans through programs and partnerships that encourage independence, dignity and quality of life, the Department funds intergenerational programs, a statewide information and referral service and a program to assist grandparents raising grandchildren. Intergenerational programs are administered by the Department but operated locally by project coordinators or steering committees to best respond to the needs of individual communities. Training and technical assistance, recruitment tools and resources are available to assist in developing, initiating and maintaining programs.

Senior HelpLine

The toll-free Senior HelpLine provides information and assistance on programs and services and directs seniors age 60 and over and their caregivers to local services. Professional counselors on the HelpLine assess needs, send literature and provide written referrals for a range of services, including Circuit Breaker, Illinois Cares Rx, care coordination, the Long-Term Care Ombudsman Program, legal services, transportation, employment and nutrition services. Senior HelpLine staff also provide elder abuse intake and accept appeals and service queries from Community Care

Program clients. More than 146,000 calls were handled by the Senior HelpLine in Fiscal Year 2011.

Transportation

The State of Illinois supports two programs that were initiated in 2008. Seniors Ride Free allows all seniors in the state, age 65 and over, to ride public transportation in their communities free of charge by using a free transit card. Disabled individuals who are at least 16 and who meet Circuit Breaker income eligibility requirements also are eligible for free rides on all fixed-route public transportation systems in the state.

Circuit Breaker and Pharmaceutical Assistance

The Circuit Breaker program provides a property tax relief grant to income-eligible senior citizens and disabled persons. The grant is available to those qualified individuals who pay property tax on a residence and for renters and nursing home residents who live in a residence that is subject to property tax. The program also provides an annual discount on the license plate fee of one vehicle from the Secretary of State. In cooperation with the Department of Healthcare and Family Services, the Division also determines eligibility for Illinois Cares Rx, wrap-around prescription drug coverage for income-eligible older adults and people with disabilities that fills in the gaps created by Medicare Part D and offers drug coverage for those who do not have Medicare. Of importance to immigrants and refugees, there is no citizenship requirement for this critical aid: It is available for qualified noncitizens who apply for extra help from Social Security.

Assurance of Service by the Department on Aging to Minorities

Service plans developed in each of the 13 Area Agencies on Aging are submitted to the Department for approval, and the Department on Aging allocates funds based on published policies that the Department uses in funding and overseeing services to ensure services to minorities. (600: Services Allowable Under the Older Americans Act: 602.3, October 1, 2007.) These policies include outreach activities to ensure participation of eligible older adults with special emphasis on those with the greatest economic and social need, as well as older adults with limited-English speakin proficiency. In addition, particular attention is paid to low-income minority individuals and others residing in rural areas.

To ensure achievement of this goal, the Department on Aging, along with the Bureau of Refugee and Immigrant Services within the Department of Human Services and the Department of Public Health support a number of programs of the Coalition of Limited English Speaking Elderly (CLESE). Founded in 1989, the sole mission of CLESE is "To improve the lives of limited English speaking elderly by providing leadership, education and advocacy." To reach this goal, CLESE works with 50 member agencies who serve immigrants and refugees from 30 ethnic groups.

During the fiscal year ending June 30, 2010, the Department on Aging funded technical assistance for the Community Care Program, translation of critical documents and supports designed to improve services to elders in Illinois who are limited in their ability to speak English. Efforts included contracts with 22 community-based ethnic organizations so that seniors could receive in-home and adult day services from providers who speak their language and understand their culture.

Illinois Department of Healthcare and Family Services

IDHFS Medical Benefits for Seniors

The Illinois Department of Healthcare and Family Services (HFS) operates several programs providing medical benefits for seniors. The largest, medical assistance, pays for medically necessary services for seniors who meet qualifying criteria. HFS administers its programs for seniors under the *Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act, the Senior Citizens and Disabled Persons Prescription Drug Discount Program Act, the Illinois Public Aid Code* and Title XIX of the federal *Social Security Act*. The programs are funded jointly by the State and federal governments.

The Department offers a wide range of medical coverage, including all mandatory, and most of the optional, Title XIX services. However, elderly clients do not generally use several of these services, such as family planning. The primary categories of services that the minority elderly receive are listed in the table, Primary Categories of Services. Licensed practitioners, licensed facilities, and other non-institutional providers enrolled in the Medical Assistance Program provide these services. The eligibility groups that include a large number of the elderly are as follows:

Aid to Seniors and Persons with Disabilities (SPD)
This group is comprised of persons 65 years of age or older, persons who are blind, and persons who are disabled. The income eligibility level for SPD persons is 100 percent of the federal poverty income level (FPL). The resource limit (excluding home, car, and burial plot) is $2,000 for individuals or $3,000 for a couple.

Medicare Supplementation Programs

Qualified Medicare Beneficiary (QMB) Program
This program helps individuals pay for their monthly Medicare Part A premiums, Medicare Part B premiums, and Medicare deductibles and coinsurance amounts. Persons may be eligible if they receive Medicare Part A coverage, their income is at or below 100 percent of FPL, and their resources (excluding home, car and burial plot) do not exceed the resource standard of $6,940 for one person or $10,410 for a couple.

Specified Low Income Medicare Beneficiary (SLIB) Program
This program helps individuals pay for their monthly Medicare Part B premiums if they receive Medicare Part A coverage. Persons may be eligible if their income is more than 100 percent but less than 120 percent of the FPL, and their resources do not exceed the resource standard of $6,940 for one person or $10,410 for a couple.

Qualifying Individual (QI) Program
This program helps individuals pay for their monthly Medicare Part B premiums if they receive Medicare Part A coverage. Persons may be eligible if their income is greater than 120 percent FPL but less than 135 percent FPL, and their resources do not exceed $6,940 for a single person and $10,410 for a couple. (Reimbursement is 100% federal.)

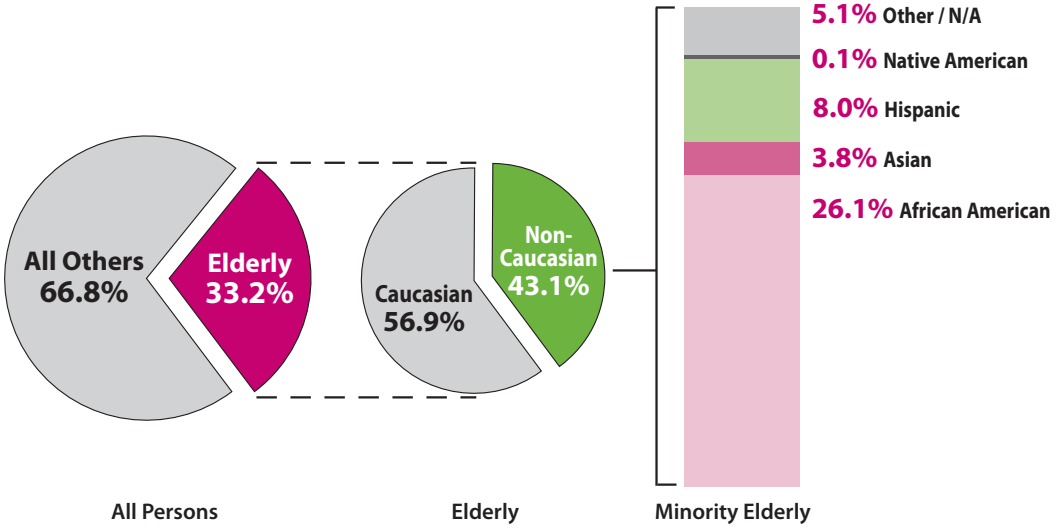
During FY11, a total of $10.7 billion in expenditures and 151 million units of service were provided under the Medical Assistance Program. Of these amounts, 33 percent of all services and expenditures were for the elderly. Of those services and expenditures for the elderly, 43 percent of were for minority elderly.

[1] Fiscal year 2011 data are reported. This is due to the fact that, under Medicaid rules, providers have twelve months from the date that a service is provided to submit a claim. Fiscal year 2012 data cannot be assumed to be complete until July 1, 2013.

All charts represent Medical Assistance eligible individuals age 55 years and older.

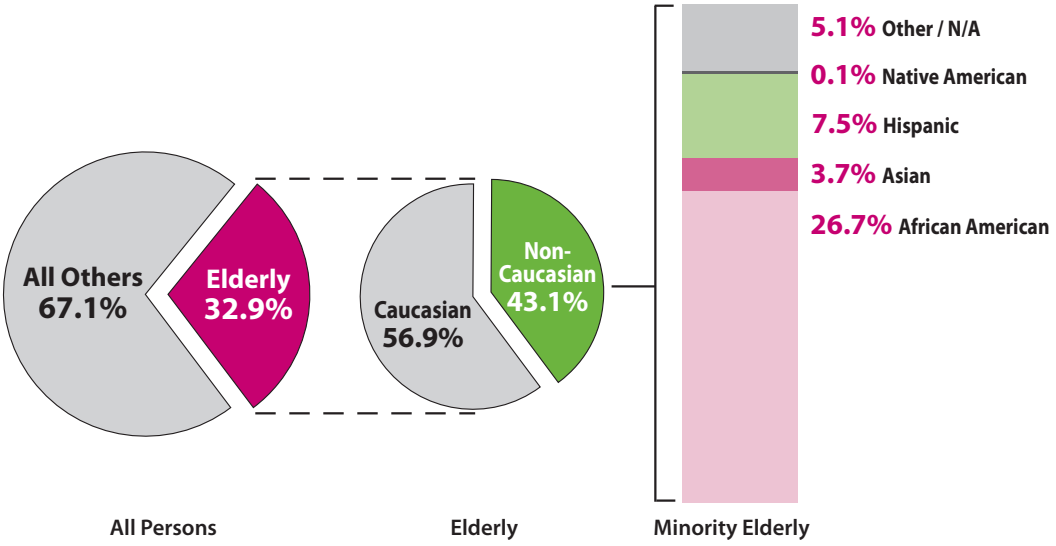
FY11 Medical Assistance Program

Services to Minority Elderly



FY11 Medical Assistance Program

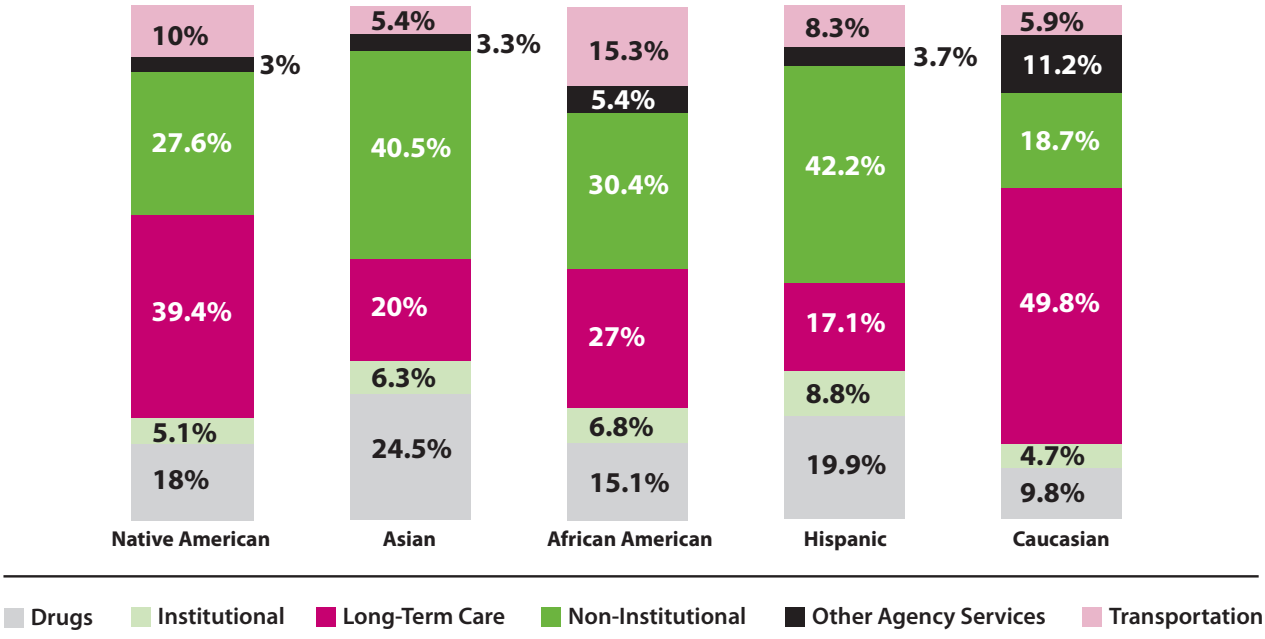
Dollars Spent for Minority Elderly



Source: Illinois Department Healthcare and Family Services, Bureau of Rate Development & Analysis
Claims History, FY 11, Medical Data Warehouse, FY11 DOS

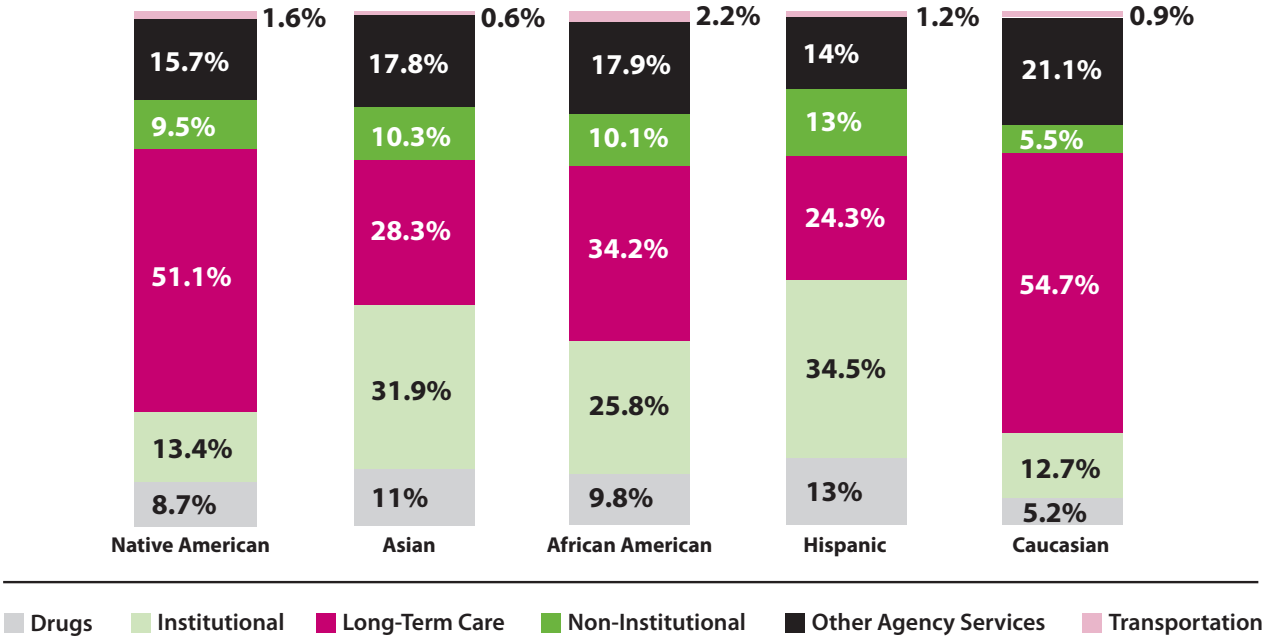
FY11 Medical Assistance Program

Services for Minority Elderly by Ethnic Category



FY11 Medical Assistance Program

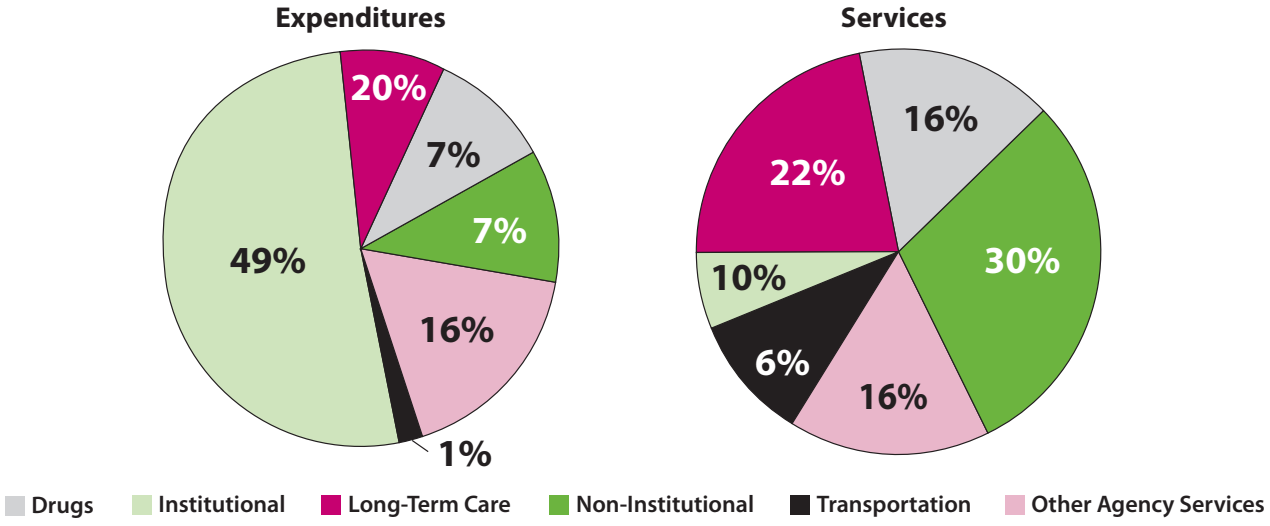
Expenditures for Minority Elderly per Ethnic Category



Source: Illinois Department Healthcare and Family Services, Bureau of Rate Development & Analysis
Claims History, FY 11, Medical Data Warehouse, FY11 DOS

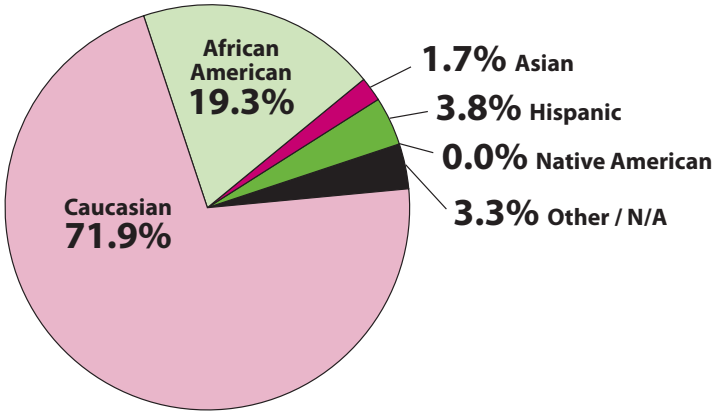
FY11 Medical Assistance Program

Expenditures Vs. Services for Minority Elderly



FY11 Medical Assistance Program

Elderly Long Term Care Utilization by Racial/Ethnic Group



Source: Illinois Department Healthcare and Family Services, Bureau of Rate Development & Analysis
Claims History, FY 11, Medical Data Warehouse, FY11 DOS

Table 1
PRIMARY CATEGORIES OF SERVICES

Institutional
- Inpatient hospital care
- Outpatient hospital care
- Clinic services
- Emergency hospital services
- Institutional services in physical therapy
- Hospice care services

Long-term Care
- Nursing facility services
- Care for individuals 65 or older in institutions with mental disease
- Assisted living (Supportive Living Facility)
- Home and community-based waiver services-(i.e., Community Care Program) through the Department on Aging

Other Agency Services
- Case management (limited)
- Christian Science sanatoria
- Services available through a HMO
- Services provided through a prepaid health plan

Drugs
- Prescribed drugs

Transportation
- Emergency Transportation services
- Non-emergency Transportation to and from a source of medical care

Non-institutional
- Physician services
- Skilled nursing and home-health services
- Services provided by rural health clinics and federally qualified health centers
- Other laboratory and x-ray services
- Nurse practitioner
- Prosthetic devices
- Occupational, speech, hearing and language therapy
- Diagnostic services
- Preventative services
- Rehabilitative services
- Private duty nursing
- Other practitioner services
- Emergency dental services

Illinois Department of Human Services

Division of Family & Community Services

For many individuals, the first point of contact with Illinois Department of Human Services (IDHS) is through the doors of one of the 85 Family Community Resource Centers across the state. These doors open to the IDHS system of social services for low-income families, administered and delivered through the Division of Family & Community Services. Cash and food assistance, child care, access to medical care, and help with employment and training are some of the needs that are served. Individuals and families are also referred to a vast network of community services, where additional programs are available, many of which are also funded through IDHS. The Division also provides services to at-risk and homeless persons and to immigrants and refugees. The programs, which are administered and delivered through the Division of Family & Community Services, have the goal of helping families achieve and sustain self-sufficiency.

Supplemental Nutritional Assistance Program

The Supplemental Nutritional Assistance Program (SNAP), formerly known as Food Stamps, is administered by IDHS for the United States Department of Agriculture (USDA) Food and Nutrition Services. SNAP benefits help low income people buy the food they need for good health. A household's income, allowable deductions, and expenses are used to determine eligibility.

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Need Families may be available to families with one or more dependent children. Assistance may help pay for food, shelter, and other expenses. Seniors who have a child under age 19 living with them may qualify.

Family Health Plans

Family Health Plans provide health coverage for children and parents or caretaker relatives of children. The public may apply for assistance at one of the 85 DHS Family Community Resource Centers.

Senior Benefit Programs Provided By Family & Community Services

FY 12, Age 65-plus

Region	Race	General Assistance	SNAP/Food Stamps (age 60+)	TOTAL
1N – Chicago Only	African American	0	2,330	2,330
	Hispanic	0	1,798	1,798
	Asian-American/Other	0	1,116	1,116
	American Indian/Alaskan Native	0	4	4
	Caucasian	0	2,968	2,968
	TOTAL	0	8,216	8,216
1S – Chicago Only	African American	0	4,638	4,638
	Hispanic	0	739	739
	Asian-American/Other	0	94	94
	American Indian/Alaskan Native	0	2	2
	Caucasian	0	1,045	1,045
	TOTAL	0	6,518	6,518
2	African American	0	865	865
	Hispanic	0	776	776
	Asian-American/Other	0	527	527
	American Indian/Alaskan Native	0	7	7
	Caucasian	0	4,072	4,072
	TOTAL	0	6,247	6,247
3	African American	0	294	294
	Hispanic	0	91	91
	Asian-American/Other	0	20	20
	American Indian/Alaskan Native	0	2	2
	Caucasian	0	1,743	1,743
	TOTAL	0	2,150	2,150
4	African American	0	139	112
	Hispanic	0	10	3
	Asian-American/Other	0	1	3
	American Indian/Alaskan Native	0	4	4
	Caucasian	0	1,149	929
	TOTAL	0	1,303	1,051
5	African American	0	486	486
	Hispanic	0	23	23
	Asian-American/Other	0	16	16
	American Indian/Alaskan Native	0	1	1
	Caucasian	0	1,694	1,694
	TOTAL	0	2,220	2,220
Statewide	African American	0	8,752	8,752
	Hispanic	0	3,437	3,437
	Asian-American/Other	0	1,774	1,774
	American Indian/Alaskan Native	0	20	20
	Caucasian	0	12,671	12,671
	TOTAL		26,654	26,654

Note: All programs are for age 65+, except for SNAP (Food Stamps), that includes ages 60+. Report of persons for June 2011.

Aid to the Aged, Blind, or Disabled

This program provides medical assistance and cash grants to persons who are Aged, Blind, or Disabled and financially eligible for Supplemental Security Income (SSI). Households may receive assistance from Supplemental Nutritional Assistance Program (SNAP) as well.

Refugee Senior Services Initiative

This initiative seeks to enhance and expand utilization of publicly funded aging services by Illinois' older refugees and continues an effort initiated in fiscal year 2002 to bring older refugees into the service system established by the U.S. Congress with the passage of the Older Americans Act (OAA) in 1965. IDHS administers seven service agencies, which are coordinated programmatically by the Coalition of Limited English Speaking Elderly (CLESE). In Illinois, the route for entry into most services is through an in-home assessment by a case manager hired by a state-designated case coordination unit (CCU).

CLESE has translated seven IDHS brochures (Affordable Child Care, General Assistance, AABD, TANF, Food Stamp Program, KidCare, Medicaid) and five fact sheets produced by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) for the Outreach and Interpretation Project (Health Care for Immigrants and Refugees, Food Assistance for Immigrants and Refugees, Public Assistance for Immigrant and Refugee Survivors of Domestic Violence, Income Assistance for Elderly Immigrants and Refugees, If I Receive Public Assistance, Will I Have Problems With My Application for Citizenship?) into eight languages (Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Vietnamese).

The Immigrant Family Resource Program coordinated by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) supports services at 38 ethnic community based organizations. It is an effort to assist limited-English speakers in enrolling in benefit programs. ICIRR reported over 57,000 clients served in FY 2012.

Challenges to Services

One challenge to seniors, especially those providing care to children under age 19, is finding out about the availability of the programs to take advantage of them. Another challenge is to understand the requirements and the processes once they learn about the programs. Each benefit program has its own requirements which may or may not be similar. Many seniors do not wish to share information about their income and assets when it is needed to determine eligibility.

For AABD, a challenge for many applicants is the Lien and Estate recovery requirement for recipients. Many seniors do not understand the policy and are afraid that they will lose their property, or they believe that the policy will not enable them to leave their property to their children upon their death.

Some seniors decide that the eligibility process for SNAP benefits is too much trouble for the relatively small benefit for which they are eligible. There is a need for more marketing to seniors who qualify for the program by the entities that interface with seniors to promote knowledge of SNAP benefits and increase the understanding of its value.

Senior Benefit Programs Provided By Family & Community Services

FY 12, Age 65-plus

Program	African American	Hispanic	Asian-American/ Other	American Indian/ Alaskan Native	Caucasian	All Groups
Region 1N – Chicago Only						
TANF MAG*	62	16	2	0	4	84
Family Health Plans	161	194	58	0	96	509
Total	223	210	60	0	100	593
AABD - MAG*	1,181	1,064	1,045	1	4,142	7,433
AABD - MANG**	14,769	17,154	9,119	27	21,204	62,273
Total	15,950	18,218	10,164	28	25,346	69,706
Refugee – Cash	0	0	1	0	0	1
Region 1S – Chicago Only						
TANF MAG*	136	10	0	0	2	148
Family Health Plans	299	106	4	0	52	461
Total	435	116	4	0	54	609
AABD - MAG*	1,343	130	15	0	196	1,684
AABD - MANG**	19,808	5,581	496	5	4,186	30,076
Total	21,151	5,711	511	5	4,382	31,760
Refugee – Cash	0	0	0	0	0	0
Region 2						
TANF MAG*	22	11	6	0	13	52
Family Health Plans	106	180	44	2	183	515
Total	128	191	50	2	196	565
AABD - MAG*	137	114	290	0	796	1,337
AABD - MANG**	3,493	7,576	5,335	46	22,226	38,676
Total	3,630	7,690	5,625	46	23,022	40,013
Refugee – Cash	0	0	1	0	0	1
Region 3						
TANF MAG*	13	0	4	0	11	28
Family Health Plans	31	27	7	0	103	168
Total	44	27	11	0	114	196
AABD - MAG*	91	15	18	1	262	387
AABD - MANG**	1,481	684	276	17	13,455	15,913
Total	1,572	699	294	18	13,717	16,300
Refugee – Cash	0	0	0	0	1	1

* MAG – Medical Assistance with Grant
** MANG – Medical Assistance with No Cash Grant

Senior Benefit Programs Provided By Family & Community Services

FY 12, Age 65-plus

Program	African American	Hispanic	Asian-American/ Other	American Indian/ Alaskan Native	Caucasian	All Groups
Region 4						
TANF MAG*	12	1	0	0	26	39
Family Health Plans	12	2	2	0	126	142
Total	24	3	2	0	152	181
AABD - MAG*	52	2	18	0	216	278
AABD - MANG**	843	129	62	9	11,659	12,702
Total	895	131	80	9	11,875	12,980
Refugee – Cash	0	0	0	0	0	0
Region 5						
TANF MAG*	28	0	0	0	16	44
Family Health Plans	39	8	1	0	149	197
Total	67	8	1	0	165	241
AABD - MAG*	219	5	8	0	440	672
AABD - MANG**	2,764	217	124	18	14,765	17,888
Total	2,983	222	132	18	15,205	18,560
Refugee – Cash	0	0	0	0	0	0
Statewide						
TANF MAG*	273	38	12	0	72	395
Family Health Plans	649	521	117	2	710	1,999
Total	922	559	129	2	782	2,394
AABD - MAG*	3,023	1,330	1,384	2	6,052	11,791
AABD - MANG**	43,158	31,341	15,412	122	87,497	177,530
Total	46,181	32,671	16,796	124	93,549	189,321
Refugee – Cash	0	0	2	0	1	3

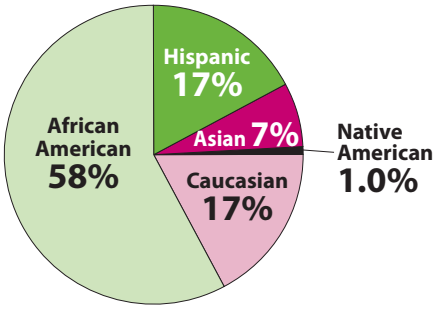
* MAG – Medical Assistance with Grant
** MANG – Medical Assistance with No Cash Grant

Division of Family and Community Services -Bureau of Family Nutrition

The Bureau of Family Nutrition is part of the Division of Family and Community Services. The Bureau focuses on efforts to improve the health and well being of Illinois residents through the provision of nutritious foods and nutrition education. Services are provided through a network of community partners including social service agencies and local farmers. Bureau staff also provides technical assistance, training, and quality assurance activities to ensure the delivery of high-quality services.

FY12 Commodity Supplemental Food Program

Eligible participants reside in Cook County, East St. Louis and southern 7 counties in Illinois.



17,473 Clients were served In 2012

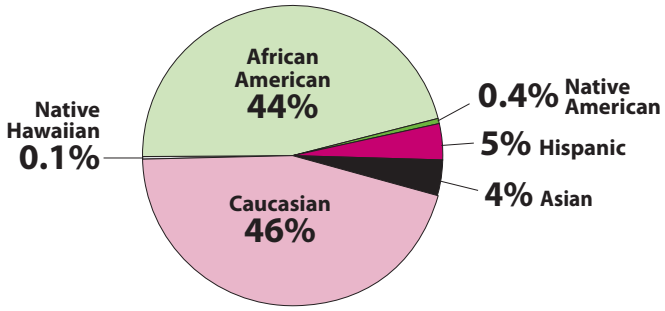
The Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) is a food distribution and nutrition education program administered federally through the Food and Nutrition Services (FNS) of the United States Department of Agriculture (USDA). A primary goal of CSFP is to improve the health of low-income elderly people at least 60 years of age by supplementing their diets with nutritious foods.

Although additional funding to expand CSFP is requested annually, the Federal Budget has not allowed for expansion or additional caseload since 2009-2010.

FY12 Senior Farmer's Market NutritionProgram

Only eligible seniors are served by the SFMNP.



In FY 2012, DCHP distributed coupons worth $21 each to 36,600 seniors in over 35 counties, including Chicago and Cook.

The Senior Farmers Market Nutrition Program

The Senior Farmers Market Nutrition Program operates through a grant received from USDA. The goals of the program include: providing resources to improve the health and well-being of Illinois Seniors through increase consumption of fresh fruits and vegetables, and aiding in the development of additional market opportunities for farmers.

During Summer 2012 over 444 farmers were active participants in the Farmers Market Nutrition Program. These Farmers received education prior to displaying their Farmers Market Nutrition Program signage and redeeming any of the 40,000 2012 farmers market checks/coupons distributed in the 33 participating counties including Chicago in Cook County. In the Summer 2011 Season, Farmers Market checks/coupons were distributed in sets of $21.00 to 38,500 income eligible seniors in the participating areas.

Challenges to Services

The Commodity Supplemental Food Program can only serve the number of participants assigned by USDA. The need for commodity foods is great. However, USDA instructs states not to exceed the assigned caseload.

With regard to the Senior Farmers Market Program, seniors and the farmers who would like to participate in the program have been requesting that IDHS expand it statewide. However, funding provided by the USDA for the Senior Farmers Market Nutrition Program has not allowed for an expansion of the program to more than the 35 counties currently authorized, creating an unmet need in communities across the state.

Division of Alcoholism and Substance Abuse

The Division of Alcoholism and Substance Abuse (DASA) provides services to Illinois communities, at-risk, and addicted individuals including minority and non-minority seniors in a continuum of substance abuse intervention, treatment and recovery support services located throughout the state of Illinois.

Division of Alcoholism and Substance Abuse

DASA Program admission age 65+ by Race/Ethnicity

Race	SFY11 Services	Individuals
American Indian	4	4
Asian	6	3
Native Hawaiian or other Pacific Islander	1	1
Black or African American	387	285
White or Caucasian	215	180
Hispanic	69	46
Other Single Race	11	8
Other		
Unknown		
Total	**693**	**527**

Services include Detoxification, Outpatient, Intensive Outpatient, Residential Rehabilitation, Recovery Home, Halfway House, Case Coordination, Early Intervention, Recovery Support and, Case Management. In FY 2011, there were 527 individuals aged 65 and above who received one or more DASA supported services.

Challenges to Services

There are a number of challenges to providing services to this ever-increasing older population. As the population increases, a greater percentage of older men and women will be without family support and have lower income levels. Meanwhile, health care is organized and financed with incentives to under-diagnosis and under-treat alcohol and substance use disorders. In addition, many seniors are resistant to discussions they view as challenging their competence and independence.

The percentage of seniors with substance abuse disorders is expected to increase with the aging of the "baby boomer" generation. Assessment, intervention and treatment will require increased knowledge, skill and sensitivity.

Division of Developmental Disabilities

The Division of Developmental Disabilities provides person-first services and supports for individuals with developmental disabilities and their families. Age is not a factor in determining eligibility for community-based services. Possible services include:

- In-home supports to encourage independence
- Respite care to provide temporary relief to caregivers
- Training programs to teach life and work skills
- Job coaches

- Residential living arrangements with security and care
- Adaptive equipment
- Other supports to improve quality of life

State-Operated Developmental Centers

There are eight state-operated developmental centers in Illinois. They are licensed by the state as Intermediate Care Facilities for persons with developmental disabilities. Age is not a factor in determining who receives services in a state-operated developmental center.

Program	All Groups	African American	Hispanic	Asian American (including Pacific Islanders)	American Indian	Caucasian	Other/Unknown
Community-Based Program for persons with developmental disabilities	51,782	10,000	2,175	921	127	33,005	5,554
State-Operated Developmental Centers for persons with developmental disabilities	1,938	419	79	10	1	1,423	6
Total	**53,720**	**10,419**	**2,254**	**931**	**128**	**34,428**	**5,560**

When an adult with a developmental disability reaches the age of 60, he or she can choose to retire from developmental training programs. Other daytime service options for seniors with developmental disabilities who choose to "retire" include staying at home, attending a local Adult Day Care program funded by the Division of Developmental Disabilities, or a combination of both.

Challenges to Services

Adults with developmental disabilities are living longer and therefore comprise a higher percentage of the total population served as compared to the past. Seniors with developmental disabilities may require more visits to the doctor, may be hospitalized more frequently and may remain in the hospital for longer stays. Sometimes extended convalescence care in a long term care facility is required before the senior can return to their home. These increased health care and support needs place increased demands on the individuals, whether family members or paid staff, caring for them as compared to younger adults with developmental disabilities.

Division of Mental Health

The DHS Division of Mental Health (DMH) is responsible for purchasing an array of mental health services for adults with serious mental illnesses and children and adolescents with serious

emotional disturbances. DMH currently funds 180 community-based organizations to provide services to persons with mental illness across the state. The DHS/DMH also operates a system of seven hospitals and one treatment detention facility providing treatment to adults).

Specialized Geropsychiatic Services

From 2001 until 2009 the DMH funded the Gero-Psychiatric Initiative in five predominantly rural areas. DMH provided grant funding to focus on three main areas: systems integration, mental health services/consultation, and training/education. The initiative was built upon evidence-based treatment outcomes including access to expertise in gero-psychiatry and clinical gero-psychology and the collaborative care model. Unfortunately due to significant budget reductions that the division of Mental health had to implement the Gero-Psychiatric Initiative was terminated at the end of FY 2009.

At the present time there is no specialized funding directly from the DMH to support geropsychiatric services, although seniors do receive services from DMH providers.. Additonally, several mental health agencies convene regional Mental Health and Aging Conferences which are basically self supporting. Some mental health agencies have also maintained or initiated relationships with their local aging agencies— Charlotte Kauffman serves as the Geriatric point person for DMH and as the DMH liaison to the Illinois Department on Aging

Seniors Receiving Mental Health Services in FY 2012

During FY 2012, approximately 3% of the total number of individuals receiving DMH community based services were 65 years of age and older. Displayed in the tables below is descriptive information for these individuals. The data is partitioned by age, race/ethnicity, Hispanic origin and gender.

Challenges to Services

Although many older adults enjoy good mental health, approximately 20% of persons 60 years of age and older experience mental disorders that are not part of normal aging. The most common disorders are anxiety, cognitive impairment (including Alzheimer's disease);

Individuals Age 65+ Receiving Mental Health Services in FY 2012

Age Group	Count	Percentage
65-74	3,096	75.9%
74 and older	983	24.1%
Total	4,079	

Race/Ethnicity, Hispanic Origin and Gender of Individuals Age 65+ Receiving Mental Health Services in FY 2012

Race/Ethnicity	Count	Percentage
White	3,012	73.8%
Black/African American	640	15.7%
Asian	117	2.9%
American Indian/ Alaskan Native	11	.26%
Native Hawaiian/ Pacific Islander	9	.2%
Multi-Race	6	.14%
Unknown	284	7.0%
Hispanic Origin	**Count**	**Percentage**
Hispanic Origin	364	8.9%
Non-Hispanic	3,370	82.6%
Unknown	345	8.5%
Gender	**Count**	**Percentage**
Female	2,709	66.4%
Male	1,360	33.3%
Unknown	10	.3%

and mood disorders, such as depression. The assessment, diagnosis, and treatment of mental disorders among older adults present unique difficulties that must be addressed. Further efforts aimed at the prevention of mental disorders in older adults are also needed.

Division of Rehabilitation Services

This office is the state's lead agency for providing direct support services to individuals with disabilities. The mission of the Division of Rehabilitation Services (DRS) is to work in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through suitable employment, education, and independent living opportunities. DRS disability-related programs impact annually more than 230,000 people with disabilities in Illinois. The major programs include the Home Service Program which provides in-home services to disabled individuals who are younger than 60 at the time of application for services, and the Vocational Rehabilitation Program which assists individuals with disabilities in obtaining or retaining employment.

Older Blind Services

In addition, DRS Bureau of Blind Services operates the Older Blind program, which is designed to assist older individuals with vision impairments to live independently in the community through provision of services related to vision loss. This is the only DRS program that specifically targets older individuals, aged 55 years and older.

Challenges to Services

An ongoing challenge is communicating with potential customers about the Older Blind program. Many older individuals who might benefit are unaware of the program and may not know whether they are eligible for services. Some older individuals with vision impairments are reluctant to accept the degree of vision loss and are often slow to ask for help. The Division continues its outreach efforts through its provider network and staff in order to identify potential customers in a timely fashion.

Illinois Department of Human Services, Rehabilitation Services
Persons Served Aged 55 and Older By Program Area FY2012

Race/Ethnic Group	Cases	Minority	Minority %
American Indian/Alaskan Native	4		
Asian	12		
Black or African American	550		
Hispanic or Latino	54		
Multi Racial	8		
Native Hawaiian or Other Pacific Islander	5		
White	2,025		
Bureau of Blind Services, Older Blind Program Total	**2,658**	**633**	**23.8**
American Indian/Alaskan Native	57		
Asian	260		
Black or African American	8,731		
Hispanic or Latino	868		
Multi Racial	97		
Native Hawaiian or Other Pacific Islander	20		
White	8,416		
Bureau of Home Services, Home Services Program Total	**18,449**	**10,033**	**54.4**
American Indian/Alaskan Native	26		
Asian	88		
Black or African American	2,484		
Hispanic or Latino	508		
Multi Racial	57		
Native Hawaiian or Other Pacific Islander	16		
White	5,839		
Bureau of Blind Services, Vocational Rehabilitation Total	**9,018**	**3,179**	**35.3**
DRS STATEWIDE TOTAL	**30,125**	**13,845**	**44.7**

Accessibility for Non-English Speaking Minority Seniors

DHS has made strides to improve outreach and make the application process as easy as possible for seniors by enabling them to designate a representative. Measures have also been taken to ensure service is accessible to non-English speaking minority seniors, especially Spanish speaking seniors. Vital documents, such as forms, brochures and posters are printed in dual languages. The Department (the agency or the Office of Hispanic and Latino Affairs (OHLA) periodically reviews the bilingual staffing situation and ensures that translator services are available. The Department periodically reviews the bilingual staffing situation and ensures that translator services are available.

Office of Hispanic and Latino Affairs (OHLA) coordinates a Language Bank and works with Local community agencies to assist limited English proficient (LEP) clients with interpreter services. When a request is received for interpreter services, OHLA staff conducts all Spanish services. All other non-spanish interpreting services will be conducted by our DHS grantee, (local community agencies) and our internal DHS Language bank. If these options are not available, DHS will then contact the Fiscal Year Master Contract Vendor for interpreting services. Through these multiple efforts it is the intention of DHS to bridge the language gap for non-English clients.

Illinois Department of Public Health

The Illinois Department of Public Health was created in 1877 to regulate medical practitioners and to promote sanitation. Today, IDPH is responsible for protecting the state's 12.4 million residents, as well as countless visitors, through the prevention and control of disease and injury. The Department's nearly 200 programs touch virtually every age, aspect and cycle of life.

The Department is organized into ten offices and six regional health offices, each of which addresses a distinct area of public health. Each office operates and supports numerous ongoing programs and is prepared to respond to extraordinary situations as they arise.

Center for Minority Health Services

The Center for Minority Health Services is designed to assess the health concerns of minority populations in Illinois and to assist in the creation and maintenance of culturally sensitive programs. To achieve this goal, the Center works within the Department of Public Health and with other relevant state and local entities to heighten awareness of minority health issues and services across the state.

Through the Refugee Health Screening Program, newly arriving refugees to Illinois receive a comprehensive health examination that includes screening for communicable disease, age-appropriate immunizations, nutritional assessments, including home visits, referrals for follow-up care, and interpretation services. In addition, medical case management is offered to refugees arriving with complex medical conditions. The Refugee Health Screening Program collaborates with the following Refugee Providers: Aunt Martha Health Center in Aurora; Access Community Health Network in West Chicago; Touhy/Mt. Sinai Health Center in Chicago; Rock Island Health Department in Moline/Rock Island; Winnebago County Health Department in Rockford, Heartland Health Outreach, Chicago; World Relief-Aurora/DuPage; and Pan African Association. In

SFY2012, Illinois resettled a total of 1,899 refugees including 61 refugees over the age of 65 (3.2%) and one refugee arriving from Iraq at age 99.

In addition, the Center for Minority Health Services has coordinated the following activities targeted to Illinois minority senior populations:

- The Center for Minority Health Services in collaboration with the Heartland Health outreach's Immigrant and Refugee Health Education Program provided training opportunities to eight minority based agencies that provide culturally competent and language appropriate services to refugee senior populations. Senior health issues addressed were Alzheimer's disease, arthritis, mental health, osteoporosis, and menopause.

- The Center for Minority Health Services in collaboration with community and faith-based organizations coordinated events in conjunction with "Take a Loved One for a Check-Up Day", and "Minority Health Month", targeting communities of color adolescent and senior populations.

- The Center for Minority Health Services in collaboration with community and faith-based organizations provides seniors with culturally competent and linguistically appropriate outreach and education services related to HIV/AIDS, breast and cervical cancer and prostate cancer.

- Through a partnership with the federal Office of Minority Health, the Center for Minority Health Services is providing an intergenerational approach to wellness in targeted rural African American and Latino communities by increasing their physical activity level; improving their diet and eating habits; providing regular cholesterol, body index, blood pressure and blood sugar screenings; increasing awareness of signs, symptoms, and risk factors for target diseases; linking individuals with appropriate care and treatment services; and providing an academic curriculum leading to careers in the healthcare field.

- The Center and community partner's has ensured that Minorities and Hispanic/Latino families receive education regarding health issues, health prevention, and actively participate in health programs sponsoring health screenings such as breast and cervical cancer, cholesterol, diabetes, stroke, bone density and HIV/AIDS testing, and bilingual Spanish/English health information.

- Health activities statewide one of the events is collaborating with the 2012 Illinois Association of Agencies and Community Organizations for Migrant Advocacy (IAACOMA) Annual conference. The partnership is dedicated to advocating health services, fair treatment, and equal opportunities for migrant farm-workers and other underserved and underrepresented Latino/Hispanic communities in Illinois.

- The Center is utilizing mobile messaging to educate communities by promoting healthy lifestyle alternatives and medication adherence. Text2Survive features also include text alerts regarding important health updates, medication and appointment reminders. This program when utilized enhances the well-being of the elderly population.

Office of Health Promotion

Suicide Prevention

The Suicide Prevention, Education, and Treatment Act (Public Act 095-0109) designates IDPH as the lead agency for suicide prevention in Illinois and creates the Illinois Suicide Prevention Alliance. The alliance is a multi-disciplinary board representing statewide organizations that focus on the prevention of suicide, mental health agencies, survivor of suicide, law enforcement, first responders, universities, and other organizations which address the burden of suicide. Several members represent the older adult population in addition to specific minority populations (e.g. African American, Asian American, Latin American, and gay, lesbian, bisexual, and transgender).

Education, awareness, training and organizational capacity were done in collaboration with Mental Health America of Illinois through grant funds provided by the Department. Efforts focused on increasing awareness of suicide prevention and decreasing stigma around suicide and mental and emotional problems, specifically through trainings, issue papers and the promotion of the "It Only Takes One" suicide prevention campaign. Since, older adults 70 years of age and older have the highest suicide rate in Illinois and the nation (Two times the rate for 15 to 19 years year olds), it was essential that one of the issue papers developed focused on suicide and older adults, which can be found at http://www.idph.state.il.us/about/chronic/Suicide-Older_Adults.pdf.

Injury Data

In FY12, Illinois submitted injury related data to the U.S. Centers for Disease Control and Prevention to ensure the state was included in the national State Injury Indicator's Report. The report is a surveillance effort to gain a broader picture of the burden of injuries across the nation. Illinois submitted fatal and non fatal data and a variety of injuries for each age group. The national report will include data on unintentional drowning, fatal falls, fatal fire, fatal firearm, homicide, fatal motor vehicle, poisoning, suicide and traumatic brain injury.

Fall Prevention

Falls are the leading cause of injury deaths for older adults. For this reason, IDPH became involved in an initiative to start statewide falls prevention for older adults' coalition. At the request of the University of Illinois at Chicago Department of Occupational Therapy and Rush University Medical Center, a small group of interested agencies gathered to look at the burden of older adult falls in Illinois. IDPH has been instrumental in collecting data.

In addition, IDPH serves in an advisory role for the Illinois Remembering When™ Program : A Fire and Fall Prevention Program for Older Adults was developed by the National Fire Protection Association's (NFPA) Center for Higher-Risk Outreach and the U.S. Centers for Disease Control and Prevention (CDC) to help older adults live safely at home for as long as possible. Remembering When™ contains 16 key safety messages – eight fire prevention and eight fall prevention – developed by experts and practitioners from national and local safety organizations.

Arthritis Integration Dissemination Grant

The IDPH's Healthy Aging Program, partnered with three aging network systems – the East Central Illinois Area Agency of Aging (ECIAAA), Southwest Illinois College/Programs and

Services for Older Persons (SWIC/PSOP) and White Crane Wellness Center – to provide arthritis self-management opportunities The Chronic Disease Self-Management Program (CDSMP) and the Arthritis Foundation Exercise Program (AFEP) is offered to persons over 60 years of age.

The CDSMP teaches participants: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercises for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends and health professionals, 5) nutrition, and 6) how to evaluate new treatments. Classes are highly participative and build participants' confidence in their own abilities to manage their health and maintain active and full lives.

The AEFP is a community-based recreational exercise program developed by the Arthritis Foundation. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise.

Healthy Aging Grant

IDPH and the Illinois Department on Aging have partnered to coordinate public health and aging network systems' provision of the Chronic Disease Self-Management Program (CDSMP) and the Strong for Life self management opportunities to persons over 60 years of age.

Strong for Life is a strengthening exercise program, on video and DVD, designed by physical therapists for home-bound older adults to improve strength, balance, and overall health. This program targets specific muscles that are important in every day movements such as getting out of a chair and walking.

AgeOptions, Chicago Senior Services Area Agency on Aging and East Central Illinois Area Agency on Aging (ECIAAA) have implemented CDSMP in their respective Planning and Service Areas (defined by the Older American's Act). In addition, ECIAAA implements the Strong for Life program. In partnership with IDPH, the three agencies have trained local class leaders, marketed the interventions and embedded these efforts into local public health and aging service networks. Classes have been offered in seven languages.

The program was funded in 2006 by the Administration on Aging for a four-year grant period. Efforts will expand to include additional interventions, host sites, and languages.

The above grant was extended another year to expand by three the number of evidence-based programs implemented through sustainable aging and public health delivery systems.

1. Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) IDEAS is a structured program that prepares case managers and care coordinators to identify depression in at-risk elders and to facilitate access to treatment. The program was implemented byAgeOptions, East Central Illinois AAA and White Crane Wellness Center.

2. A Matter of Balance: Managing Concerns About Falls emphasizes practical strategies to reduce the fear of falling and to increase activity levels. The program was implemented by

Rush University Medical Center and White Crane Wellness Center.

3. Fit & Strong! is a multi-component, evidence-based physical activity program targeted for older adults with osteoarthritis? The program was implemented by the Affordable Assisted Living Coalition in three supportive living facilities – Ivy Apartments, Chicago; Heritage Woods of South Elgin, South Elgin; and Plum Creek Supportive Living Facility, Rolling Meadows.

Office of Women's Health

The Office of Women's Health (OWH) was established in 1997. Its mission is:

- to improve the health of Illinois women and girls by initiating, facilitating and coordinating women's health awareness, education and programming throughout the state;
- to encourage healthier lifestyles among women; and
- to promote equitable policy on health issues that affect women today and in the future.

The OWH facilitates partnerships and joint projects within Illinois Department of Public Health (IDPH) and other state agencies and between the Department and outside consumer and professional groups. It coordinates the Penny Severns Breast, Cervical and Ovarian Cancer Research Fund, the Women's Health Initiative Grant Program, Ticket for the Cure Grant Program, the Illinois Breast and Cervical Cancer Program and the Illinois WISEWOMAN Program. The OWH maintains the Women's Health-Line (1-888-522-1282) produces educational teleconferences and provides materials on women's health issues. Several materials are available in Spanish. Many of the programs serve minority senior women.

Women's Health Initiative Grant Programs Targeting Minority Women – Fiscal Year 2012

The Office of Women's Health provides grant funding to agencies to provide community-based programs for women. Some programs specifically address the issues of minority women, but few specifically target senior women. The following are programs whose targeted participants were minority women and included some senior women.

LifeSmart for Women

This 10-week comprehensive education curriculum covers a variety of women's health topics including cardiovascular disease, stroke, diabetes, nutrition, fitness, stress, substance abuse, violence against women, sexual health, aging and family health and is appropriate to a widely diverse audience of women. Grantee's included Illinois Migrant Council and Midwest Asian Health Coalition. Grants for Fiscal Year 2012 included $37,000 to 6 organizations.

Women Out Walking (W.O.W.) Program

The Women Out Walking mini-grants supported community walking campaigns, including walking events and education for women. Grantees designed, publicized, and sponsored a community walking campaign aimed at women. The theme of the campaign was "Women Out Walking (W.O.W)." Grantees included Korean American Senior Center. Total awards given were 11 totaling $31,225.

Building Better Bones

The Building Bette Bones Program is an osteoporosis screening and early detection program whose target audience is women over the age of 65. Components include a pre-test, educational seminar, post-test and than a bone density screening. In Fiscal Year 2012 grantees included, Michael Reese Research and Education Foundation and Chinese American Service League. Total awards given were 5 totaling, $39,500.

Breast and Cervical Cancer Program

The Illinois Breast and Cervical Cancer Program (IBCCP) provides uninsured women over the age of 35 with free breast cancer screenings, diagnostic services and treatment. Between October 1995 and June 2012, IBCCP has screened 150,556 women for breast cancer, providing 192,880 screening mammograms. The demographic breakdown of women receiving breast cancer screening services is available in Table 1. During the same time period IBCCP screened 106,765 women for cervical cancer, providing 160,770 Pap tests. The demographic information for women receiving cervical services is included in Table 2.

Breast cancer mortality rates for African American women are significantly higher than mortality rates for white women, and Latinas have the highest rates of cervical cancer of all women, and are more likely to die from cervical cancer than white women. IBCCP outreach to minority women is a priority and the results of these efforts are reflected in the following tables.

Table 1
IBCCP Client Demographics Breast Screening

	Women Served	
Age	**Number**	**Percentage**
< 40	16,235	10.6%
40-49	60,078	39.4%
50-64	72,187	47.3%
65+	4,164	2.7%
Race	**Number**	**Percentage**
White	93,442	61.2%
Black	32,007	21.0%
Asian	7,047	4.6%
American Indian	689	0.5%
Other/Unknown	19,504	12.7%
Ethnicity	**Number**	**Percentage**
Hispanic	49,150	32.2%
Non-Hispanic	101,904	66.7%
Unknown	1,635	1.1%

Data through 6/30/2012

Table 2
IBCCP Client Demographics Cervical Screening

	Women Served	
Age	**Number**	**Percentage**
< 40	17,515	16.3%
40-49	42,781	39.8%
50-64	45,097	41.9%
65+	2,176	2.0%
Race	**Number**	**Percentage**
White	72,778	67.7%
Black	17,050	15.8%
Asian	5,436	5.1%
American Indian	300	0.3%
Other/Unknown	12,016	11.1%
Ethnicity	**Number**	**Percentage**
Hispanic	31,660	29.4%
Non-Hispanic	74,858	69.6%
Unknown	1,062	1.0%

Data through 6/30/2012

IV

Guides for Service in the Future

Changing demographics

The large "baby boom" age cohort born between 1946 and 1964 offers a challenge to service providers all over the world.

According to the Illinois Department of Commerce and Economic Opportunity, in 2000 older Illinoisans represented 15.8 percent of the population but that number is expected to grow to 24.3 percent by 2030. Older adults age 85 and older are the fastest growing segment of the population. These individuals are most likely living with chronic health conditions and needing supportive services.

In addition, the sheer numbers of minority groups is predicted to grow in the future, while the White majority will not. And so, the national will be more racially and ethnically diverse, as well as much older, by mid-century. Projections by the US Census Bureau include:

> Minorities, now roughly one-third of the U.S. population, are expected to become the majority in 2042, with the nation projected to be 54 percent minority in 2050. By 2023, minorities will comprise more than half of all children.
>
> In 2030, when all of the baby boomers will be 65 and older, nearly one in five U.S. residents is expected to be 65 and older. This age group is projected to increase to 88.5 million in 2050, more than doubling the number in 2008 (38.7 million).
>
> Similarly, the 85 and older population is expected to more than triple, from 5.4 million to 19 million between 2008 and 2050.
>
> By 2050, the minority population — everyone except for non-Hispanic, single-race Whites — is projected to be 235.7 million out of a total U.S. population of 439 million. The nation is projected to reach the 400 million population milestone in 2039.
>
> The non-Hispanic, single-race White population is projected to be only slightly larger in 2050 (203.3 million) than in 2008 (199.8 million). In fact, this group is projected to lose population in the 2030s and 2040s and comprise 46 percent of the total population in 2050, down from 66 percent in 2008.
>
> Meanwhile, the Hispanic population is projected to nearly triple, from 46.7 million to 132.8 million during the 2008-2050 period. Its share of the nation's total population is projected to double, from 15 percent to 30 percent. Thus, nearly one in three U.S. residents would be Hispanic.

The Black population is projected to increase from 41.1 million, or 14 percent of the population in 2008, to 65.7 million, or 15 percent in 2050.

The Asian population is projected to climb from 15.5 million to 40.6 million. Its share of the nation's population is expected to rise from 5.1 percent to 9.2 percent.

Among the remaining race groups, American Indians and Alaska Natives are projected to rise from 4.9 million to 8.6 million (or from 1.6 to 2 percent of the total population). The Native Hawaiian and Other Pacific Islander population is expected to more than double, from 1.1 million to 2.6 million. The number of people who identify themselves as being of two or more races is projected to more than triple, from 5.2 million to 16.2 million.

Several demographic trends have developed during the past decade

1. Life expectancy for Blacks, that has always been markedly less than for White Americans, is slowly increasing.

2. The "aging" of the traditionally young Hispanic population, combined with an increase in Hispanics in general, predicts that this group will soon be the largest of the minority groups in the state.

3. As a result of medical advancement and improvement in living conditions, life expectancy at age 60 has increased among all groups. This means that the length of time spent in advanced old age has increased, and with it the probability of need for long-term care. Minorities, who are more likely to have experienced inadequate medical care, are more likely to live a longer time with disabilities.

4. As our nation's older population grows increasingly diverse, income disparities are likely to continue. In 2000, 22 percent of the older African-American population and 18.8 percent of older Hispanics were considered poor. To exacerbate the problem the official poverty line distinguished between the populations that are over and under 65. Older Americans who live alone must be about 8 percent poorer than those under 65 to be counted as poor and couples must be about 10 percent poorer. [Butler, R.N. 2001. "Old and Poor in America," International Longevity Center, New York, N.Y.]

Suggestions for changes in programs and services to meet identified needs and challenges of accessibility

1. There will be an increased need for programs that educate medical and social service providers about social customs that affect acceptance of care among the ethnic minorities whom they serve.

2. Increase in numbers of programs to translate materials and help ethnic elderly learn English and civics will be needed to accommodate increased numbers of ethnic elderly.

3. Efforts should be undertaken to promote respect and understanding among increasingly diverse racial and ethnic groups.

4. Continuing programs should be initiated to serve depression among ethnic elderly, particularly among Asian women who are susceptible to depression and suicide [Sugihara, Y., Hidehiro, S., Hiroshi, S. and Harada, K. (2008). Productive Roles, Gender, and Depressive Symptoms: Evidence From a National Longitudinal Study of Late-Middle-Aged Japanese. *Journal of Gerontology*, 63B:4, P227-P234; Baker, F.M. 1994. Suicide Among Ethnic Minority Elderly: A Statistical and Psychosocial Perspective. *Journal of Geriatric Psychiatry*, 27:2, 241-264].

5. An effort should continue among researchers and service providers to recognize that comparisons alone are not the answer to understanding aging among minorities. [Whitfield, K.E., Allaire, J.C., Belue, R. and Edwards, C.L. (2008). Are Comparisons the Answer to Understanding Behavioral Aspects of Aging in Racial and Ethnic Groups? *Journal of Gerontology*, 63B:5, P301-308].

6. Education in language and cultural sensitivity is called for among service providers and the public to prepare for the projected increase in the number of older minorities in this country within the next two decades.

7. In spite of positive change, health disparities remain, particularly among Black and Hispanic minorities. This demands evidence-based health education programs to face high blood pressure, diabetes and obesity, the three biggest threats to quality life among these groups. Black and Hispanic women report worse overall health, have a higher prevalence of several major chronic diseases, and spend more years with functional limitations than Whites. [Angel, J.L. and Whitfield, K.E. (Eds). (2007). The Health of Aging Hispanics: The Mexican-origin Population. New York: Springer, Hayward, M.D., Crimmins, E.M., Miles, T.P. and Yu, Yu. (2000). The Significance of Socioeconomic Status in Explaining the Racial Gap in Chronic Health Conditions. *American Sociological Review*, 65, 910-930].

8. Public old age policies must be racially and ethnically inclusive and should be based on a clear understanding of the labor market experiences of people of color. Due to inequality across the life span, minorities are particularly vulnerable to involuntary retirement, both related to health and to labor market disadvantage [Brown, T.H. and Warner, D. F. (2008). Divergent Pathways? Racial/Ethnic Differences in Older Women's Labor Force Withdrawal. *Journal of Gerontology*, 63B:3, S122-S134].

9. Qualitative and quantitative studies are needed to identify and analyze the experience of minorities in assisted living [Hernandez, M. and Newcomer, R. (2008). Assisted Living and Special Populations: What Do We Know About Differences in Use and Potential Access Barriers? *The Gerontologist*, 47: Special Issue III, 110-117].

VI

Sources for Future Research and Links to Data

Federal government

Administration on Aging: www.aoa.gov
Centers for Disease Control minority reports: www.cdc.gov/omhd/Topic/MinorityHealth.html
Health and Human Services —
- **National Health Information Center:** http://odphp.osophs.dhhs.gov.
- **Women's Health:** www.4woman.gov
- **Medicare and Medicaid Services:** www.cms.hhs.gov

Social Security: www.socialsecurity.gov
U.S. Census Bureau Community Reports:
www.census.gov/population/www/censusdata/ACS_reports.html
Migration of Natives and the Foreign Born, 1995 to 2000:
www.census.gov/prod/2003pubs/censr-11.pdf

State of Illinois

www.illinois.gov

Professional and socio-cultural groups

American Society on Aging: www.asaging.org
Asian American Association: www.aaahs.org
Asian Pacific Fund: www.asianpacificfund.org
Intercultural Cancer Council: www.iccnetwork.org
National Caucus and Center on Black Aged: www.ncba-aged.org
National Council on Aging: www.ncoa.org
National Hispanic Council on Aging: www.nhcoa.org
National Indian Council on Aging: www.nicoa.org

Serving Minority Seniors

FY 2012

State of Illinois
Department on Aging
One Natural Resources Way, #100
Springfield, Illinois 62702-1271

Senior HelpLine: 1-800-252-8966, 1-888-206-1327 (TTY)
8:30 a.m. to 5:00 p.m. Monday through Friday

24-Hour Elder Abuse Hotline: 1-866-800-1409, 1-888-206-1327 (TTY)
www.state.il.us/aging/

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