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

2013

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 program access through the Benefit Access Application. 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. The services are delivered through the Aging Network composed of the Illinois Department on Aging (IDoA), Area Agencies on Aging (AAAs), Care Coordination Units (CCUs), senior centers and many other local organizations. These services help senior citizens remain safe and independent in their own homes and communities for as long as possible. All services provided by IDoA and the Aging Network are available to minority senior citizens. The Department engages in specific planning activities to identify needs and evaluate the adequacy of existing programs to serve those in greatest need.

Older Americans Services

IDoA allocates Title III of the Older Americans Act (OAA) and State General Revenue Funds (GRF) appropriated for distribution through the 13 AAAs on a formula basis in accordance with OAA and its regulations (600: Services Allowable Under the Older Americans Act: 602.3, October, 1, 2007). The goals achieved through the Intrastate Funding Formula (IFF) include targeting resources to areas of the State with higher concentration of older adults in greatest economic and social need. In addition, there is a special emphasis on low-income minority persons and older adults living in rural areas. IDoA uses OAA funds to leverage state and local resources to expand and improve services.

In Fiscal Year (FY) 2013, programs funded by the OAA served more than 494,494 seniors age 60 and over, or approximately 24 percent of Illinois' 2.1 million older adults. There are no mandatory fees associated with services but older adults may make contributions to help defray the costs. OAA funded services include supportive services that fall into categories of access, in-home and community services, as well as nutrition services, employment assistance and caregiver support.

Supportive Services

Supportive services include transportation, chore maintenance, legal services, outreach, and information and assistance. Although the funding for supportive services is relatively small, these services have a very positive impact on the quality of life of the older adult receiving the benefit.

Nutrition Services

During 2013, more than 115,900 older adults received Nutrition Services. The services include congregate and home delivered meals. Congregate meals are served weekdays in over 563 sites throughout Illinois that include senior centers, churches, senior housing facilities, restaurants and community buildings. The program provides a nutritionally balanced meal that must include 33⅓ percent of the Recommended Dietary Allowances (RDA) established by the Food and Nutrition Board of the National Academy of Sciences/National Research Council.

Home delivered meals are an option for an older adult who may have difficulty leaving their home and cannot personally prepare a nutritious meal. Volunteers who deliver meals to homebound older adults have an important opportunity to check on the welfare of the homebound and are encouraged to report any health or other problems that they may observe during their visits.

Caregiver Support

The Caregiver Support Program assists families caring for frail older members, as well as grandparents orolder relatives who are caregivers for children 18 and younger. Services include information and assistance, respite, individual counseling, support groups and caregiver training. In addition, supplemental services are provided on a limited basis to complement care provided by caregivers. Supplemental services may include assistive devices, legal assistance, school supplies and other gap filling services to address a short-term caregiver emergency.

Employment

OAA supports community service employment and training. Funding goes to the Senior Community Service Employment Program (SCSEP) also known as the Title V Program. SCSEP is designed to assist adults age 55 and older in entering or re-entering the job market. The Program is administered by IDoA with the cooperation of the AAAs, which are responsible for implementation at the regional and local levels.

Persons Receiving Congregate Meals Under the Older Americans Act During FY 13

Race	Count
African Americans	19,282
Hispanic Orgin	3,123
American Indian or Alaskan Native	319
Asian	3,589
Caucasian	50,771
Other	4,855

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY 13

Race	Count
African Americans	7,704
Hispanic Orgin	1,051
American Indian or Alaskan Native	40
Asian	325
Caucasian	23,962
Other	940

Adult Protective Services

Effective July 1, 2013, legislation was passed by the General Assembly to expand the Department's Elder Abuse and Neglect Program. IDoA now administers the Adult Protective Services Program (APS) that works to prevent abuse, neglect and financial exploitation of adults over the age of 60 as well as people with disabilities between the ages of 18-59 living in the community.

In FY13, the Program received 11,756 reports of suspected abuse, neglect or financial exploitation for investigation and follow up. Trained case workers from 45 designated local agencies worked with victims to prevent further abuse and to arrange for needed services, such as 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	156
Hispanic Orgin	5
American Indian or Alaskan Native	3
Asian	2
Caucasian	435
Other	32

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

Race	Count
African Americans	244
Hispanic Orgin	60
American Indian or Alaskan Native	7
Asian	9
Caucasian	169
Other	0

Long Term Care Ombudsman

The Long-Term Care Ombudsman Program (LTCOP) was established to protect the rights of those individuals who live in a variety of long term care settings. The program's activities include investigating and resolving complaints made by or on behalf of nursing home residents, providing information about long term care facility placement, and monitoring the development of laws, regulations and policies that relate to long-term care settings. In Fiscal Year 2013, LTCOP conducted 18,607 facility visits, participated in 25,185 consultations and investigated 7,085 complaints.

Recently, Public Act 098-0380 was enacted amending the Illinois Act on Aging to expand the LTCOP into home care and community settings subject to appropriations. Specifically, the new law which was signed in August 2013 authorizes ombudsmen to "advocate on behalf of individuals residing in their homes or community-based settings, relating to matters which may adversely affect the health, safety, welfare, or rights of such individuals."

Senior HelpLine

The toll-free Senior HelpLine provides information and assistance on programs and services and links older adults aged 60 and over as well as their caregivers to local services. Aging specialists on the Senior HelpLine assess needs, send literature and provide written referrals for a range of services, such as care coordination, home delivered meals, caregiver support, the Rides Free Program and Medicare counseling. The Senior HelpLine staff also answers the dedicated APS HelpLine during normal business hours and provides intake. More than 109,964 calls were handled by the Senior HelpLine in Fiscal Year 2013.

Senior Health Insurance Program (SHIP)

In April 2013, SHIP transferred from the Illinois Department of Insurance to IDoA pursuant to Executive Order 13-1. SHIP is a free statewide health insurance counseling service for Medicare beneficiaries. SHIP activities align with the IDoA's mission to help older individuals maintain their health and independence while remaining in their homes and communities. SHIP provides accurate objective counseling, assistance and advocacy relating to Medicare, private health insurance and related health coverage plans. Counseling focuses on specific information or assistance provided in one-on-one confidential sessions with certified counselors trained by the Department. In addition, SHIP provides outreach to educate individuals about their Medicare benefits through public forums, community presentations, and various publications. In 2013, the Illinois SHIP Program assisted nearly 80,000 Medicare beneficiaries.

Benefit Access

As of July 2012, the Circuit Breaker property tax relief program and the Illinois Cares Rx pharmaceutical program are no longer in effect. IDoA still determines eligibility through the Benefits Access Application for the Secretary of State License Plate Discount, as well as the Seniors or Persons with a Disability Ride Free Transit Cards which allows for free rides on fixed-route regularly scheduled buses and trains through local transit authorities. Approximately 153,800 Benefit Access Applications were received in 2013 resulting in 136,865 license plate discounts, 62,170 Senior Rides Free and 53,732 Disabled Ride Free Enrollments.

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 60 years of age and older. The program is designed to meet the needs of older adults who have difficulty with household and personal care tasks. Services include in home, adult day, and emergency home response services. During State Fiscal Year (FY) 2013, the CCP served an average of 82,781 frail elderly each month, thereby successfully diverting or delaying many of those individuals from entering a nursing home. The Department's Community Care Program (CCP) is a viable and cost effective alternative to nursing home care and the number of individuals it serves has increased significantly in the past years. 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. CCP complies with the Centers for Medicare and Medicaid Services (CMS) requirements for 1915(c) waiver for the Elderly. Participants are evaluated through an initial comprehensive care assessment to determine their need for service. Annual reassessments ensure ongoing needs are identified and met.

IDoA provides meaningful access to services to low income minority older adults with limited English proficiency in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000, (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 August 8, 2003). In addition to ensure meaningful access to services, IDoA 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).

In 1989, CLESE was formed to improve the lives of Limited English Speaking Elderly. It now represents 54 diverse ethnic member organizations and its efforts include providing leadership, education and advocacy.

IDoA contracts with CLESE so that older adults can receive in home and adult day services from providers who speak their native language and understand their culture. In Fiscal Year 2013, approximately 10,000 CCP participants were served by 21 CLESE member organizations. In addition, the Department works with CLESE to provide technical assistance including translation of critical documents designed to improve services to Limited English Speaking Elderly

Illinois Department of Healthcare and Family Services

HFS 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 *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. Most, but not all, of the seniors 65 years of age or older who meet these income requirements also receive Medicare, which pays for certain institutional, non-institutional and pharmacy costs. These “dual eligible” Medicare-Medicaid clients comprise more than 60% of the entire SPD Medicaid population..

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 $7,160 for one person or $10,750 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 $7,160 for one person or $10,750 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 $7,160 for a single person and $10,750 for a couple. (Reimbursement is 100% federal.)

During FY13,[1] a total of $10.0 billion in expenditures and 137 million units of service were provided under the Medical Assistance Program. Of these amounts, 34.5 percent of all services and expenditures were for the elderly. Of those services and expenditures for the elderly, 43.4 percent of services and expenditures were for minority elderly.

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

CHART 1

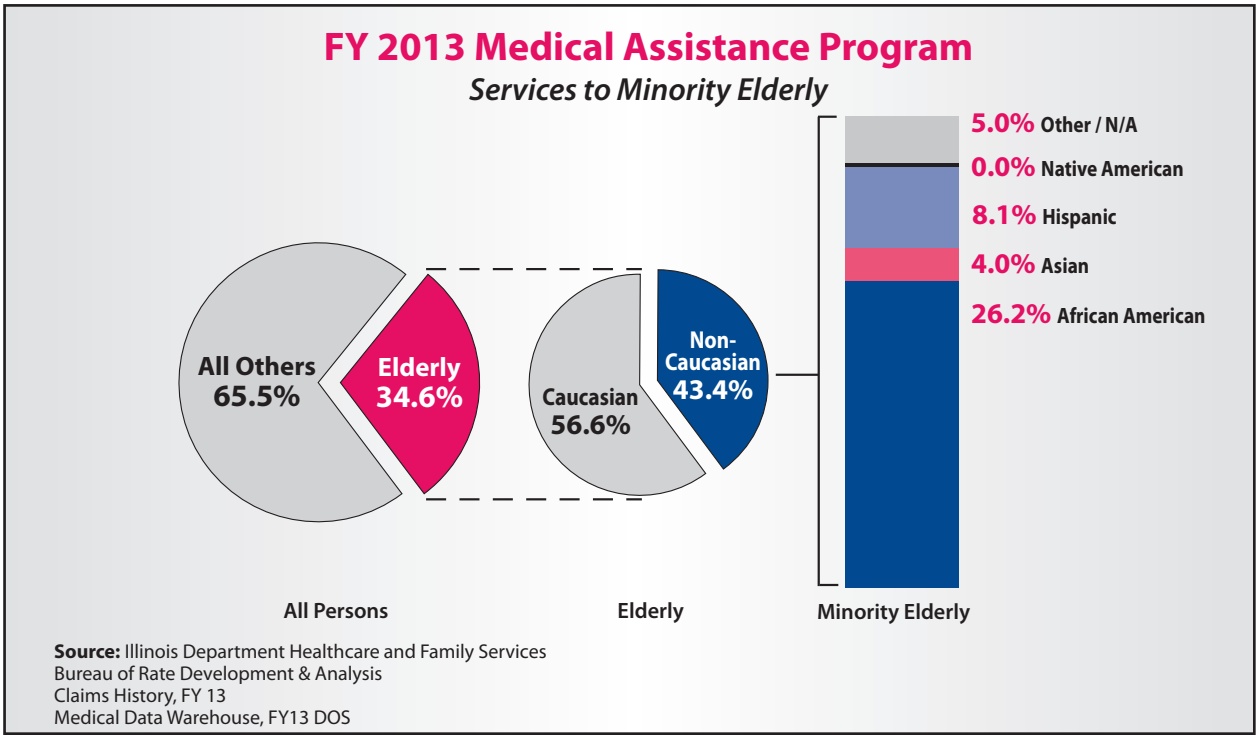


Chart 1: FY13 Medical Assistance Program - Services to Minority Elderly
This chart details the percentage of services to the elderly, as well as the percentage of this amount for minority elderly during FY13. The elderly received 34.5% of all services, while the minority elderly received 43.4 % of this amount. The minority proportions of total elderly services: Native American 0.0%, Asian 4.0%, African American 26.2%, Hispanic 8.1%, and all others 5.0%

[1] Fiscal year 2013data 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 2013 data cannot be assumed to be complete until July 1, 2014.

CHART 2

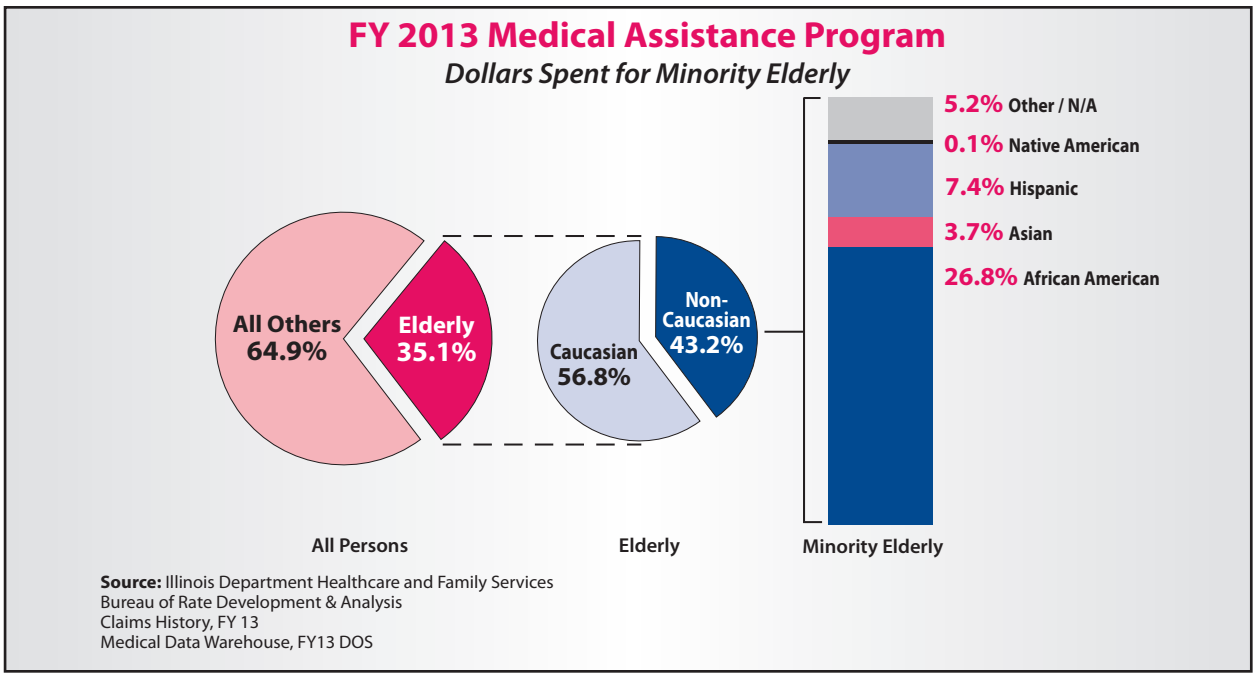


Chart 2: FY13 Medical Assistance Program - Dollars Spent for Minority Elderly

This chart details the percentage of expenditures to the elderly and the proportion of this amount for the minority elderly during FY13. The elderly received 35.1% of all expenditures, while the minority elderly received 43.2% of this amount. The minority proportions of total elderly expenditures are as follows: Native American 0.1%, Asian 3.7%, African American 26.8%, Hispanic 7.4%, and all others 5.2%.

CHART 3

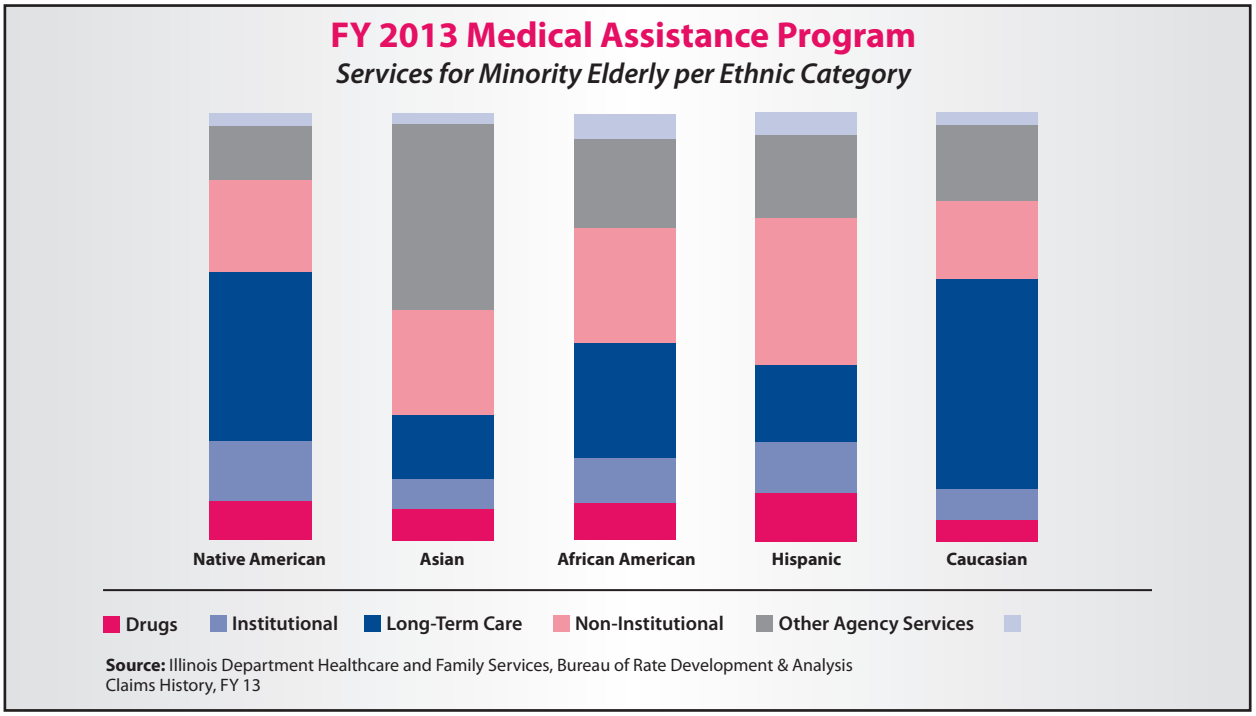


Chart 3: FY13 Medical Assistance Program - Services for Minority Elderly Per Ethnic Category

This chart details the percentage of services by service category for the elderly during FY13. Each bar represents 100% of all services received by each ethnic category.

CHART 4

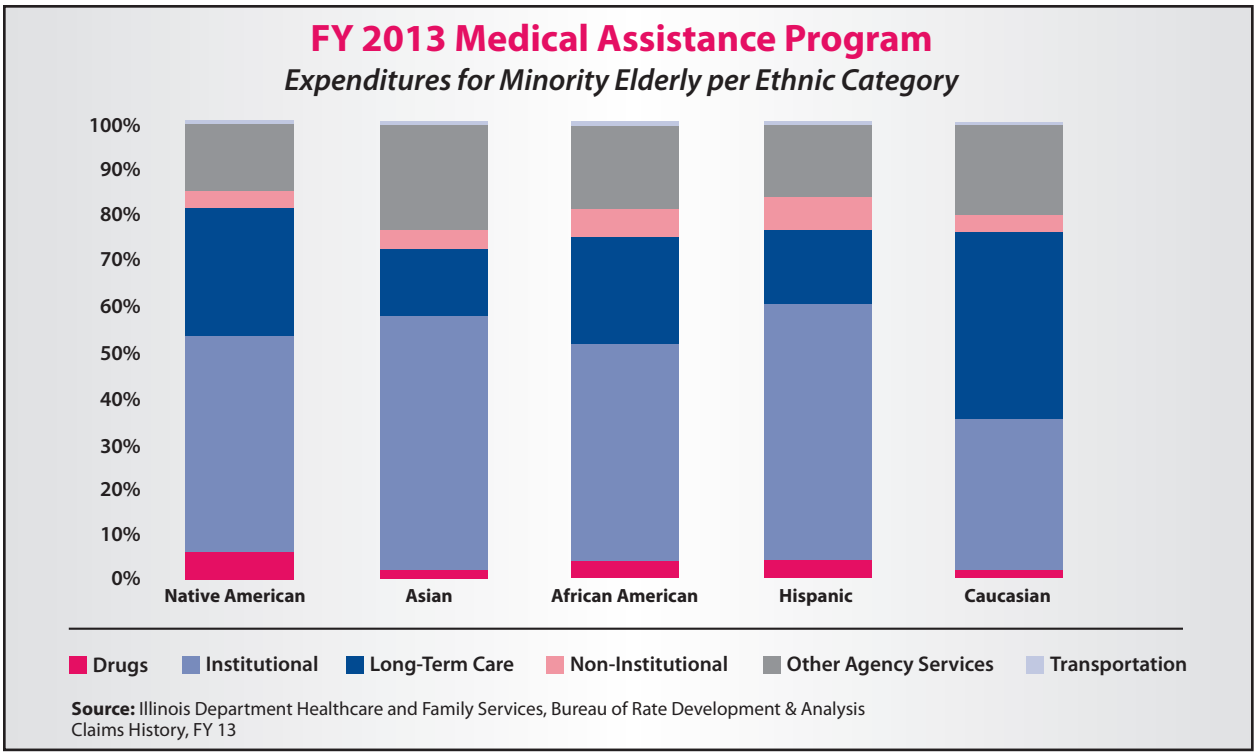


Chart 4: FY13 Medical Assistance Program - Expenditures for Minority Elderly Per Ethnic Category
This chart details the percentage of expenditures by service category for the elderly during FY13. Each bar represents 100% of all expenditures spent for each ethnic category.

CHART 5

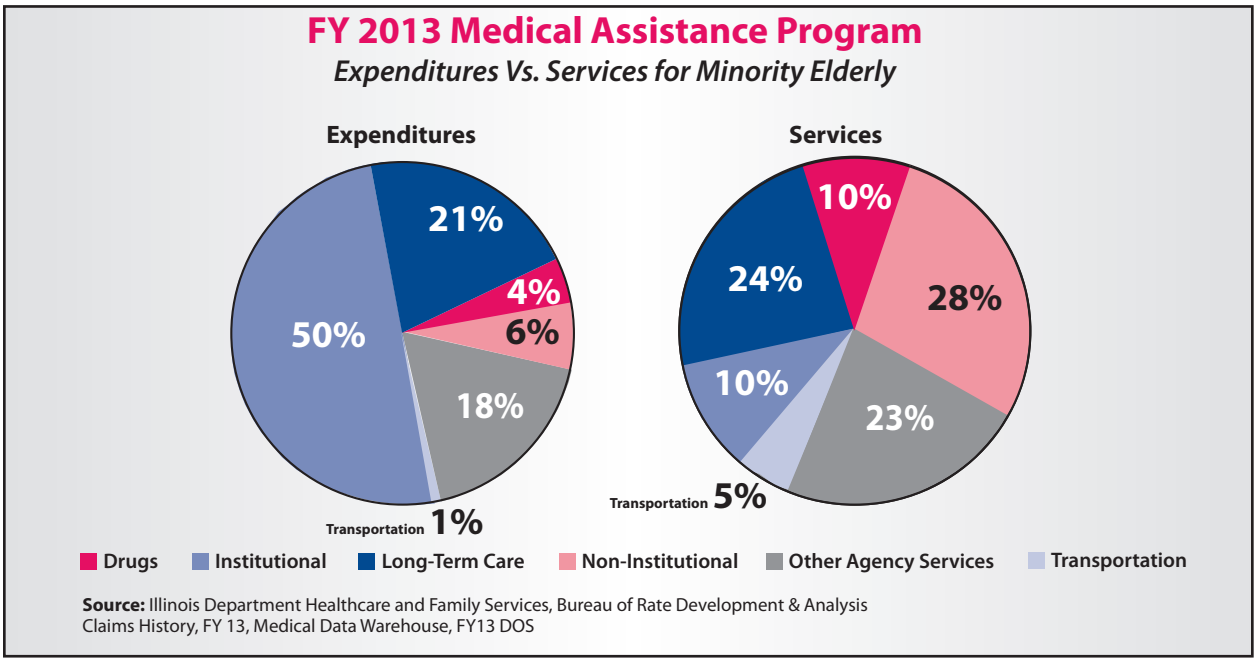


Chart 5: FY13 Medical Assistance Program - Expenditures Vs. Services for Minority Elderly
These pie charts detail the percentage of total services and expenditures by service category for minority elderly during FY13. Long term care comprises 24% of services provided to the minority elderly and equals 21% of total expenditures.

CHART 6

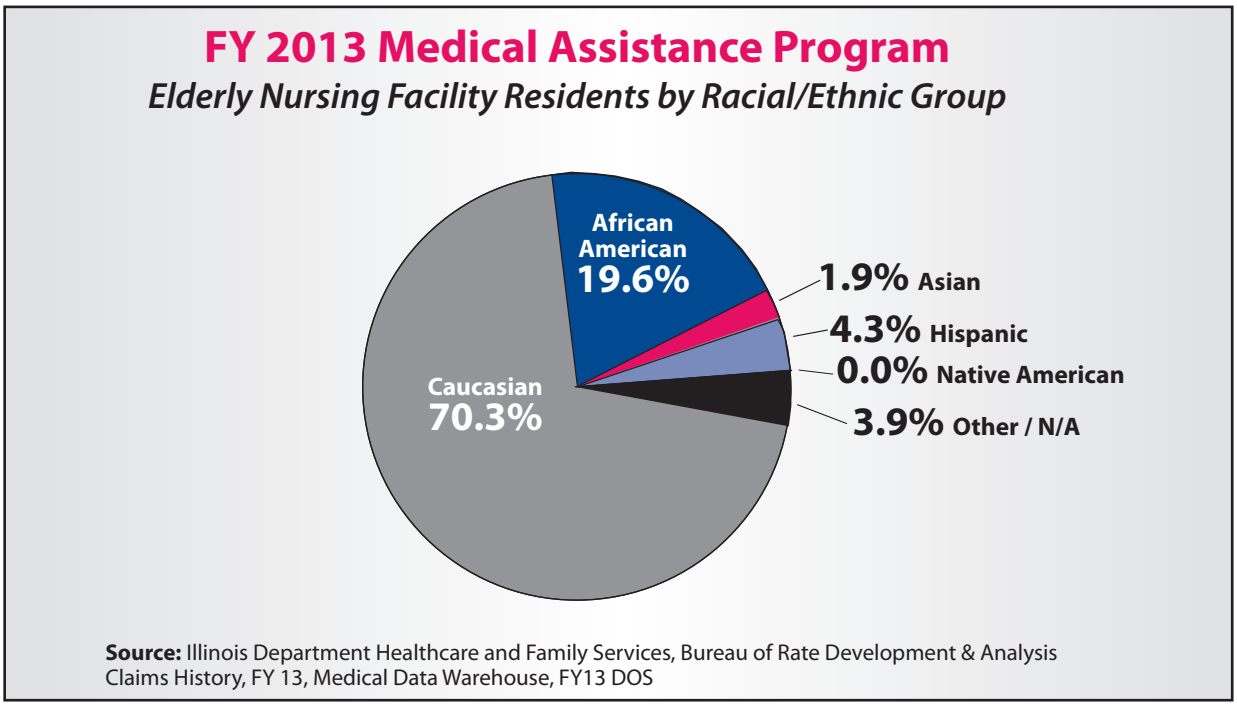


Chart 6: FY13 Medical Assistance Program – Long Term Care Utilization by Racial/Ethnic Group
As long-term care represents 32% of all expenditures for the elderly, this chart is included to detail the percentage of long term care services utilized by each ethnic category.

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 for mental disease
- Assisted living (Supportive Living Facility)
- Home and community-based waiver services-(i.e., Community Care Program) through Department on Aging

Other Agency Services
- Case management (limited)
- Christian Science sanatoria
- Services available through an 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 80 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, isadministered 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 Needy 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 80 DHS Family Community Resource Centers.

Affordable Care Act

As part of the Healthcare expansion in Illinois, childless adults ages 19-64 are now eligible for health coverage through the state's Medicaid program or through the new Illinois Health Insurance Marketplace.

What is ABE?

The Application for Benefits Eligibility (ABE) is a new website for customers that were launched in October 2013. Customers can use ABE to apply for SNAP, cash and Medicaid/CHIP. They can also send all required paperwork electronically using ABE.

What about people on Medicaid?

If a person already gets Medicaid, there is nothing else to do except to continue to inform us of changes and respond to redetermination notices when we send them. Medicaid is a form of health insurance and fulfills the ACA's health insurance coverage requirement.

The ACA closes a gap in the Medicaid program by offering health coverage for adults without

disabilities who don't have dependent children. Thousands more people will become eligible for Medicaid.

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 federally funded discretionary grant supports the cultural adjustment, social integration and English language skill acquisition of older refugees through two community-based organizations. The project provides English language instruction specifically tailored to meet senior needs, increase independent functioning, and reduce social isolation; assists seniors in accessing public benefits, including health-related resources; and helps seniors gain a basic understanding of money/finances. In FFY13 357 older refugees were served.

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 conducted 35,722 IDHS related case sessions. Since demographic client data is not available, determining the exact number of seniors receiving assistance is not possible. However, ICIRR provided assistance with applications for AABD to 279 individuals.

Senior Benefit Programs Provided By Family & Community Services

All programs are for age 65+, except for SNAP (Food Stamps) that includes age 60+ Reports of persons for June 2013.

Region 1 North	African Americans	Hispanic	Asian-American/ Other	American Indian or Alaskan Native	Caucasian	Total
SNAP/Food Stamps (age 60+)*						
	3,704	2,551	1,587	12	4,176	12,030
TANF MAG*						
	52	16	3	0	4	75
Family Health Plan						
	127	196	56	0	193	492
AABD-MAG*						
	1,179	1,005	1,010	0	4,021	7,215
AABD-MANG**						
	10,383	17,055	9,382	20	14,356	51,196
Refugee – Cash						
	0	0	0	0	0	0

Region 1 South	African Americans	Hispanic	Asian-American/ Other	American Indian or Alaskan Native	Caucasian	Total
SNAP/Food Stamps (age 60+)	6,872	1,012	102	3	1,553	9,542
TANF MAG*	131	11	0	0	6	148
Family Health Plan	229	113	6	0	58	406
AABD-MAG*	1,364	129	14	0	192	1,699
AABD-MANG**	21,109	6,047	554	5	4,614	32,329
Refugee – Cash	0	0	0	0	0	0

Region 2	African Americans	Hispanic	Asian-American/ Other	American Indian or Alaskan Native	Caucasian	Total
SNAP/Food Stamps (age 60+)	1,155	1,067	752	18	5,586	8,578
TANF MAG*	22	9	8	0	13	52
Family Health Plan	108	197	46	2	213	566
AABD-MAG*	152	110	305	0	770	1,337
AABD-MANG**	3,710	8,341	5,838	56	22,722	40,661
Refugee – Cash	0	0	0	0	0	0

Region 3	African Americans	Hispanic	Asian-American/ Other	American Indian or Alaskan Native	Caucasian	Total
SNAP/Food Stamps (age 60+)	390	126	35	4	2,383	2,938
TANF MAG*	20	0	2	0	18	40
Family Health Plan	37	31	10	0	124	202
AABD-MAG*	100	14	17	1	261	393
AABD-MANG**	1,588	739	305	16	13,612	16,260
Refugee – Cash	0	1	1	0	0	2

Region 4	African Americans	Hispanic	Asian-American/ Other	American Indian or Alaskan Native	Caucasian	Total
SNAP/Food Stamps (age 60+)	176	13	4	8	1,516	1,717
TANF MAG*	12	0	0	0	29	41
Family Health Plan	14	2	2	0	130	148
AABD-MAG*	57	3	8	0	217	285
AABD-MANG**	905	134	67	7	11,781	12,894
Refugee – Cash	0	0	0	0	0	0

Region 5	African Americans	Hispanic	Asian-American/ Other	American Indian or Alaskan Native	Caucasian	Total
SNAP/Food Stamps (age 60+)	632	36	12	1	2,263	2,944
TANF MAG*	27	2	0	0	18	47
Family Health Plan	40	10	1	0	171	222
AABD-MAG*	231	5	7	0	407	650
AABD-MANG**	2,839	225	127	22	14,802	18,015
Refugee – Cash	0	0	0	0	0	0

Statewide	African Americans	Hispanic	Asian-American/ Other	American Indian or Alaskan Native	Caucasian	Total
General Assistance - Chicago only (age 65+)	0	0	0	0	0	0
SNAP/Food Stamps (age 60+)	12,929	4,805	2,492	46	17,477	37,749
TANF MAG*	264	38	13	0	88	403
Family Health Plan	555	550	122	2	811	2,040
AABD-MAG*	3,083	1,267	1,362	1	5,887	11,600
AABD-MANG**	45,377	33,582	16,711	123	89,379	185,172
Refugee – Cash	0	1	7	0	0	8

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

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.

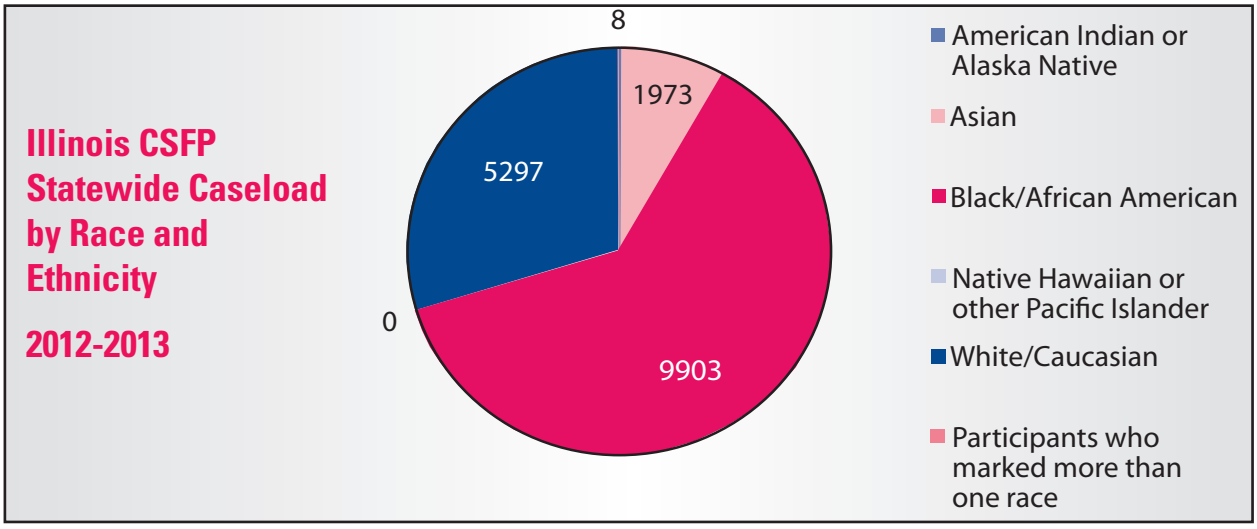
Division of Family and Community Services - Bureau of Family Nutrition

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.

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 2009-2013.



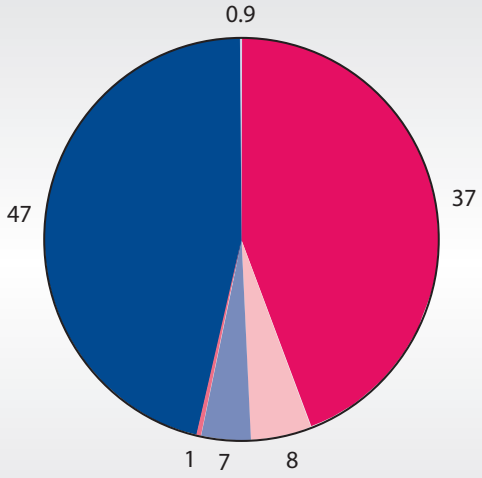
Commodity Supplemental Food Program Agency Participation by Race, Ethnicity

		Tri State Food Bank		St Louis Area Food Bank		Catholic Charities		Total
Assigned Caseload	500	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE	2,750	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE	14013	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE	17263	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE
American Indian or Alaska Native	0	0	3	0	5	0	8	0
Asian	0	0	6	0	1967	0	1973	0
Black or African American	23	0	1695	7	8185	701	9903	708
Native Hawaiian or other Pacific Islander	0	0	0	0	0	0	0	0
White	477	0	1032		3788	1,422	5297	1,422
Participants who marked more than one race	0	0	0		0	0	0	0

The Senior Farmers Market 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 2013 over 515 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 27,850 -2013 farmers market checks/coupons distributed in the 32 participating counties including Cook County in Chicago. In the summer 2013 Season, Farmers Market checks/coupons were distributed in sets of $21.00 to 35,900 income eligible seniors in the participating areas.



Seniors Served by SFMNP by Race, Ethnicity 2012-2013

Seniors Served by SFMNP by Race, Ethnicity, 2010-2011

Race/Ethnicity	Percent
Black/African American	37
Hispanic	8
Asian	7
American Indian or Alaska Native	1
White/Caucasian	47
Native Hawaiian	.09

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.

Services include Detoxification, Outpatient, Intensive Outpatient, Residential Rehabilitation, Recovery Home, Halfway House, Case Coordination, Early Intervention, Recovery Support and, Case Management.

DASA Program Admission Aged 65 and Above by Race, Ethnicity - SFY 13

Race/Ethnicity	Individuals
American Indian	2
Asian	4
Native Hawaiian or other Pacific Islander	0
Black or African American	470
White	272
Hispanic	64
Other Single Race	19
Total	831

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 seven state-operated developmental centers in Illinois. They are certified 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.

Race/Minority Group	Community-Based Program for persons with developmental disabilities	State-Operated Developmental Centers for persons with developmental disabilities	Total Persons Served
White	36,404	1,515	37,919
Hispanic	3,317	83	3,400
Black/African American	11,571	451	12,022
Asian	972	11	983
American Indian	129	1	130
Pacific Islander	112	0	112
Other	760	6	766
Unknown	6,969	0	6969
Total	**60234***	**2067****	**62301**

*As of April 8, 2014 *
*As of 6/30/2013

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 planning and purchasing an array of mental health services for adults with serious mental illnesses and children and adolescents with serious emotional disturbances. DMH currently funds 177 community-based organizations to provide services to persons with mental illnesses across the state. The DHS/DMH also operates a system of seven hospitals and one treatment detention facility providing treatment to adults).

Specialized Gero-Psychiatic Services

The Division of Mental Health funded a Gero-Psychiatric Initiative in five predominantly rural areas within the state from FY 2001 to FY 2009. Grant funding focused on three primary areas: system 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. 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 gero-psychiatric services, although as reported below, individuals aged 65 and older receive services purchased from DMH providers. Charlotte Kauffman serves as the Geriatric point person for DMH and as the DMH liaison to the Illinois Department on Aging.

Individuals Age 65 and Older Receiving DMH Purchased Mental Health Services in FY2014

During FY 2014, approximately 3% of the total number of individuals receiving DMH purchased community based mental health services were 65 years of age or older. Descriptive information for this population is displayed in the tables. Data is partitioned by age, race/ethnicity, Hispanic origin and gender.

Individuals Age 65+ Partitioned by Age Receiving Mental Health Services - FY 2013

Age	Count	Percentage
65 to 74	2663	77%
7 and older	807	23%
Total	**3470**	**100%**

Race/Ethnicity, Hispanic Origin and Gender of Individuals Age 65 and Older Receiving Mental Health Services FY 2013			
		Number of Individuals	**Percentage**
Race/Ethnicity	White/Caucasian	2631	75.8
	Black/African American	448	12.9
	Asian	100	2.9
	American Indian /Alaskan Native	6	.2
	Native Hawaiian/Pacific Islander	6	.2
	Multi-Race	8	.2
	Unknown	271	7.8
	TOTAL	**4709**	**100.0%**
Hispanic Origin	Yes	311	9.0
	No	2873	82.8
	Not Available	286	8.2
	TOTAL	**4709**	**100.0%**
Gender	Female	2292	66%
	Male	807	34%
	TOTAL	**3470**	**100.0%**

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); 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.

DHS Division of Rehabilitation Services
FY2013 Elderly Minority Services Report
Persons Served Aged 55 and Older By Program Area

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Elderly Blind	American Indian/Alaskan Native	6	0.24
Elderly Blind	Asian	11	0.43
Elderly Blind	Black or African American	594	23.31
Elderly Blind	Hispanic or Latino	67	2.63
Elderly Blind	Multi-Racial	13	0.51
Elderly Blind	Native Hawaiian or Other Pacific Islander	6	0.24
Elderly Blind	White	1,851	72.65
Elderly Blind	**Program Total**	**2,548**	**100.00**

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Home Services	American Indian/Alaskan Native	59	0.32
Home Services	Asian	255	1.40
Home Services	Black or African American	8,664	47.53
Home Services	Hispanic or Latino	904	4.96
Home Services	Multi-Racial	124	0.68
Home Services	Native Hawaiian or Other Pacific Islander	20	0.11
Home Services	White	8,202	45.00
Home Services	Program Total	18,228	100.00
Vocational Rehabilitation	American Indian/Alaskan Native	26	0.28
Vocational Rehabilitation	Asian	85	0.93
Vocational Rehabilitation	Black or African American	2,587	28.25
Vocational Rehabilitation	Hispanic or Latino	517	5.64
Vocational Rehabilitation	Multi-Racial	65	0.71
Vocational Rehabilitation	Native Hawaiian or Other Pacific Islander	15	0.16
Vocational Rehabilitation	White	5,864	64.02
Vocational Rehabilitation	Program Total	9,159	100.00
All DRS	American Indian/Alaskan Native	91	0.30
All DRS	Asian	351	1.17
All DRS	Black or African American	11,845	39.57
All DRS	Hispanic or Latino	1,488	4.97
All DRS	Multi-Racial	202	0.67
All DRS	Native Hawaiian or Other Pacific Islander	41	0.14
All DRS	White	15,917	53.17
	Division Total	29,935	100.00

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 periodically reviews the bilingual staffing situation and ensures that translator services are available.

Office of Hispanic and Latino Affairs (OHLA) 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). 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 speaking 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 competent programs. To achieve this goal, the Center works within the Department of Public Health and with other state and local governmental entities as well as community and faith based organizations 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's Health Center, Aurora; Access Community Health Network, West Chicago; Touhy/Mt. Sinai Health Center, Chicago; Rock Island Health Department, Moline/Rock Island; Winnebago County Health Department, Rockford; Heartland Health Outreach, Chicago; World Relief, Aurora/DuPage; and Pan African Association, Chicago.

In SFY2013, Illinois screened a total of 2,862 program eligible refugees including one over the age of 100. This represents 3.5% of all refugee arrivals to Illinois, a slight increase from SFY2012 (3.2%). Most refugees over the age of 65 come from the countries of Iraq, Bhutan, Burma, Russian, Iran, Moldova, Belarus, Cuba, Malaysia, Pakistan, Somali, and Syria.

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

- In collaboration with community and faith based organizations coordinates events in conjunction with "Take a Loved One for a Check Up Day," "Minority Health Month," and "National Counseling and Testing Day" targeting communities of color's adolescent and senior populations.
- The Center for Minority Health services sponsors an annual Minority Health Conference with at least one session dedicated to senior health.
- 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 other applicable diseases.
- In collaboration with community partners ensures that communities of color receive education regarding health issues, prevention services, and active participation in health programs through the sponsorship of applicable health screenings such as breast and cervical cancer, cholesterol, diabetes, stroke, bone density, blood pressure, prostate, dental, sexually transmitted infections, and HIV/AIDS testing. Services and health information are provided in Spanish and English.
- In collaboration with the Illinois Association of Agencies and Community Organizations for Migrant Advocacy (IAACOMA) advocates for, and provides health services, fair treatment, and equal opportunities for migrant farm workers and other underserved and underrepresented Latino/Hispanic communities in Illinois.
- Developed Text2Survive, a mobile messaging program to educate communities, and promote healthy lifestyle alternatives and medication adherence. Text2Survive features include text alerts regarding important health updates, screening location identifier, and medication and appointment reminders. This program when utilized enhances the well being of the elderly population.
- The Brothers and Sisters United Against HIV/AIDS (BASUAH) online training curriculum provides free culturally competent online and in person training for individuals interested in becoming peer educators within their communities. Of the more than 5,000 participants who have registered and completed the training, approximately a quarter of them are seniors between the ages of 50 and 75.

Office of Health Promotion

Suicide Prevention

The Suicide Prevention, Education, and Treatment Act (Public Act 095 0109) designates the Department 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 that 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 to increase awareness of suicide prevention and decreasing stigma around suicide and mental and emotional problems, specifically through trainings and promotion of suicide prevention messages.

Injury Data

In FY13, 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.

Emergency Department (CD Data)

	65-74 years old`		75-84 years old		85+ years old`		Illinois Total	
REASON FOR ED VISIT	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
ED visits for all injuries	41,216	31.18	36,566	312.4	27,949	178.4	931,652	7329.9
Drowning-related	-	-	6	0.1	-	-	181	1.5
Unintentional fall-related	19,178	145.1	22,454	191.8	19,922	127.2	257,573	2003.1
Hip fracture in 65+	190	21.8^	499	95.1^	629	258.9^	1,318	80.3^
Unintentional fire-related	104	0.8	74	0.6	33	0.2	2,192	17.3
Firearm-related	17	0.1	11	0.1	10	0.1	2,268	17.7
Assault related	317	2.4	128	1.1	55	0.4	42,274	333.6
Motor vehicle traffic	3,002	22.7	1,526	13	529	3.4	75,382	587.2
Poisoning	421	3.2	311	2.7	161	1	15,679	123.9
Suicide attempt	43	0.3	21	0.2	14	0.1	5,747	45.4
Traumatic brain injury	4,068	30.8	5,116	43.7	4,658	29.7	77,064	604.7

*Age-adjusted rate per 100,000; ^indicates crude rate -Data suppressed due to low counts.

Hospital Discharge Data (HDD)

	65-74 years old`		75-84 years old		85+ years old`		Illinois Total	
REASON FOR HOSPITALIZATION	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Hospitalizations for all injuries	6,571	49.7	10,436	89.2	11,304	72.2	63,793	478.3
Drowning-related	-	-	-	-	-	-	51	0.4
Unintentional fall-related	4,207	31.8	8,066	68.9	9,387	59.9	30,138	220.7
Hip fracture in 65+	1,377	157.7^	3,504	667.5^	4,566	1879.7^	9,447	575.8^*
Unintentional fire-related	45	0.3	38	0.3	17	0.1	414	3.2
Firearm-related	9	0.1	6	0.1	-	-	1,457	11.4
Assault related	41	0.3	21	0.2	11	0.1	3,407	26.7
Motor vehicle traffic	400	3.0	317	2.7	154	1.0	5,581	42.8
Poisoning	466	3.5	325	2.8	162	1.0	10,442	80.7
Suicide attempt	119	0.9	79	0.7	30	0.2	6,054	47.2
Traumatic brain injury	1,049	7.9	1,621	13.8	1,602	10.2	9,980	75.1

*Age-adjusted rate per 100,000; ^indicates crude rate -Data suppressed due to low counts.

Death Data								
	65-74 years old`		75-84 years old		85+ years old`		Illinois Total	
FATALITY TYPE	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Injury	394	3.1	541	4.6	639	4.2	6,060	46.3
Unintentional drowning	-	-	-	-	-	-	88	0.7
Unintentional fall-related	118	0.9	262	2.2	329	2.2	893	6.6
Unintentional fire-related	11	0.1	12	0.1	11	0.1	91	0.7
Firearm-related	51	0.4	41	0.4	19	0.1	1,056	8.1
Homicides	14	0.1	7	0.1	13	0.1	779	6.1
Motor vehicle traffic	71	0.6	63	0.5	40	0.3	1,017	7.8
Poisoning	35	0.3	12	0.1	11	0.1	1,419	11.0
Suicides	82	0.6	58	0.5	31	0.2	1,169	8.9
Traumatic brain injury	160	1.2	233	2.0	207	1.4	1,523	11.6

*Age-adjusted rate per 100,000; ^indicates crude rate -Data suppressed due to low counts.

Fall Prevention

Falls are the leading cause of injury deaths for older adults. For this reason, IDPH remains involved in a statewide falls prevention for older adults' coalition, hosted by the University of Illinois at Chicago Department of Occupational Therapy and Rush University Medical. Information and resources are shared among partner agencies. Recently, the coalition collaborated to secure a governor's proclamation for Senior Falls Prevention Day (first day of Fall,) which was shared with state and local partners to enhance their prevention efforts.

Healthy Brain Initiative

Illinois Behavioral Risk Factor Surveillance System (BRFSS) 2011 Cognitive Impairment data shows 11 percent of Illinois adults (non institutionalized) aged 60 or older self reported confusion or memory loss over the past 12 months; nearly 80 percent of them have not talked to a health care professional about it. Of these persons, 64 percent reported they needed assistance, 39 percent reported confusion or memory loss interfered with remaining active, 33 percent lived alone, 22 percent discussed confusion or memory loss with a health care provider, and 6 percent received help from a family member or friend due to confusion or memory loss. The 2009 Illinois BRFSS caregiver data demonstrated 147,960 persons reported an average 3,682,626 hours of caregiving per week to a family, friend or neighbor with Alzheimer's disease. This data underscores the need for increased awareness about cognitive health/impairment (CH/I) and the needs of care partners.

The intended impact of the Healthy Brain Initiative is to use surveillance data to enhance awareness and action in public health programming, assess competencies needed by state and local organization's to address CH/I, and prioritize the state's Alzheimer's disease AD state plan recommendations and identify next steps. Additionally, a replication report citing successes, challenges and products will be developed to share with the National Association of Chronic Disease Directors (NACDD) and other states.

Alzheimer's Disease Research Grant

Funding for Alzheimer's Disease research is appropriated to the Illinois Department of Public Health through the Alzheimer's Disease Research Fund, which was established to receive funding from the Illinois income tax checkoff fund. The tax checkoff funds provide grant awards

for research on the cause, progression, clinical care and cure for Alzheimer's disease and related disorders from income tax contribution funds. Established in 1985, more than $4 million has been raised through the income tax check off program. Since its inception, the checkoff funds have supported more than 170 research grants.

Grant awards must be used to investigate the biomedical, technical or psychosocial study pertaining to Alzheimer's disease and related disorders. Topics may include, but are not limited to: epidemiology, etiology, pathology, diagnosis, care, treatment, evaluation, cure, social or economic impacts, gerontology, nursing, psychology, respite care, in home care, long term care, health care finance and psychosocial issues. Grant awards are available only to Illinois researchers. The Alzheimer's Disease Advisory Committee was instrumental in establishing the criteria for the grant application.

In FY2014, seven applications for research grant funds were received for consideration. A peer review panel reviewed, scored and ranked the applications and presented recommendations to the Alzheimer's Disease Advisory Committee, which completed the review process and made recommendations for grant awards to the Department. Four applications were funded during fiscal year 2014.

Alzheimer's Disease Advisory Committee

The Alzheimer's disease Advisory Committee is comprised of 23 voting members and five non voting members. Established in 1985 by the Alzheimer's Disease Assistance Act [410 ILCS 405/6], the primary function of the committee is to assist with the development of the Alzheimer's Disease State Plan required by the act every three years and to assist with the coordination of the coordination of Alzheimer's Disease Research Fund grants. The committee also takes an active role in reviewing state programs and services provided by state agencies directed toward persons with Alzheimer's disease and related dementias, and recommending changes to improve the state's response to this serious health problem and provide oversight of the three Regional Alzheimer's Disease Assistance Centers (ADAC).

Appointed members include representation from various groups, including:

- physicians licensed to practice medicine in all its branches;
- a representative from a postsecondary educational institution which administers or is affiliated with a medical center in the State;
- representative of a licensed hospital;
- registered nurse with a specialty in geriatric or dementia care;
- representative of a long term care facility under the Nursing Home Care Act;
- representative of an area agency on aging;
- social worker;
- representative from an advocacy agency on Alzheimer's;
- persons with early stage Alzheimer's
- family members or representatives of individuals with Alzheimer's disease and related disorders; and
- members of the general public (including persons over 65).

In addition to the 23 voting members, non voting membership includes representatives from the

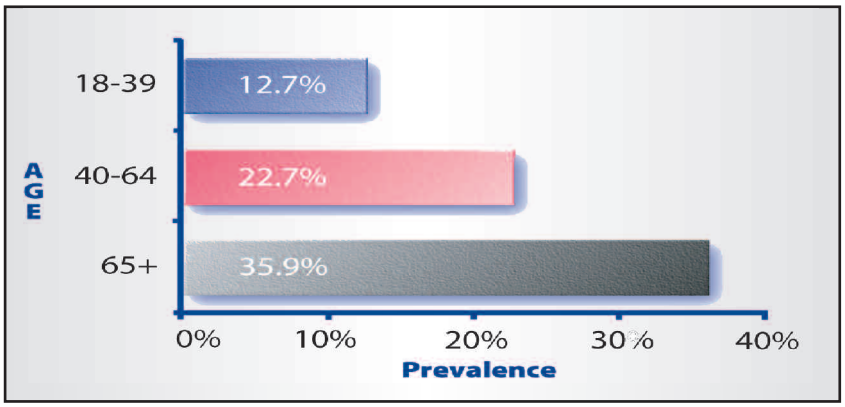
departments of Public Health, Aging and Healthcare & Family Services, Human Services and Guardianship and Advocacy Commission.

The Alzheimer's Disease Assistance Act requires the Department to prepare a state Alzheimer's disease assistance (ADA) plan to guide research, diagnosis, referral and treatment services. The plan contains reports from the Alzheimer's Disease Assistance Centers and the Alzheimer's Disease Research Fund and must be submitted every three years in consultation with the Alzheimer's Disease Advisory Committee. Additionally, the report includes recommendations from the committee to improve state services based on reports provided by state agencies serving persons with Alzheimer's disease and related dementias.

Illinois Disability and Health Program

Older Illinoisans are more likely to have disability than their younger counterparts. The Illinois Disability and Health Program offers programming across the lifespan. Figure 1 below visually demonstrates how the prevalence of disability in Illinois varies across three age groups. Each of the three bars in the figure represents Illinois adults in three different age groups: from the top, ages 18 to 39, 40 to 64, and 65 or older. In Illinois, the prevalence of disability increases across the age groups from 12.7 percent (95% CI: 10.2% – 15.8%) among young adults ages 18 to 39, to 22.7 percent (95% CI: 20.5% – 25.0%) among middle age adults ages 40 to 64, and to 35.9 percent (95% CI: 33.1% – 38.7%) among those 65 years of age and older.

Figure 1. Disability Prevalence Among Illinois Adults by Age



Illinois Tobacco Prevention and Control Grant

The Illinois Tobacco Quitline is funded through the Illinois Department of Public Health. This free tobacco counseling resource is available to Illinois residents. The Illinois Tobacco Quitline, 1 866 QUITYES, has counselors to provide expert advice, addiction assessment, customized quit plans, quit kits, craving support and follow up. The quitline is available to help anytime between 7 a.m. and 11 p.m., seven days a week, or via the website www.quityes.org. The Illinois Tobacco Prevention and Control Program funds statewide and targeted media campaigns to promote the services of the Illinois Tobacco Quitline. In 2013, there were 9,797 total callers to the Quitline for tobacco cessation services and 754 callers were seniors 65 years and older (7.7%). Of seniors who called the quitline, 75.6 percent were white, 20.6 percent were black and 3.2 percent were other races.

Women's Health and Family Services

Division of Population Health Management
Fiscal Year 2013 Minority/Aging Report

Conferences/Educational Events

On December 5th and 6th, more than 250 women's health advocates gathered at the Springfield Hilton Hotel in Springfield, Illinois the 14th annual Women's Health Conference. The two-day conference, sponsored by IDPH, provided education for cardiovascular disease, obesity and diabetes, breast cancer, cervical cancer and HPV, reaching underserved populations, and Maternal and Child Health Programs. Participants included local health department staff, health professionals and community agencies.

Women's Health Mini-Grant Programs Targeting Minority Women - Fiscal Year 2013

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.

Building Better Bones

This osteoporosis education project assesses participants' risk, educates them about prevention and treatment options, screens for risk and provides referrals to physicians for those at risk. Target group is 65 and above.

Organization	City	Population Served
Chinese American Service League	Chicago	Asian, Elderly
Council for Jewish Elderly DBA CJE SeniorLife	Chicago	Elderly
Henry County Health Department	Kewanee	Rural, Elderly
Michael Reese Research and Edu. Foundation	Chicago	Asian, Latino, African-American, Elderly
Provena St. Joseph Medical Center (Joliet)	Joliet	African-American, Latino, Elderly
Vietnamese Association of Illinois	Chicago	Asian, Elderly

LifeSmart for Women

A 10 week (one session/week) curriculum was developed that is appropriate to a widely diverse audience of women who will meet in small groups of approximately 15-20 people. The curriculum was developed based on principles of adult learning such as focusing on topics that are highly relevant to the participants and providing information and skill-building learning experiences that are transferable to the participants' personal, family and professional lives. Learning strategies include active learning, discussion, screenings, and skill-building.

Organization	City	Population Served
Fayette County Health Department	Vandalia	Rural
Illinois Migrant Council	Chicago	Latino, Rural
Lee County Health Department	Dixon	Rural
McHenry County Health Department	Woodstock	Rural, African-American, Latino
Perry County Health Department	Pinckneyville	Rural
Presence Saints Mary and Elizabeth Medical Center	Chicago	African American, Latino

Mini-Grant for 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:

Organization	City	Population Served
Boone County Health Department	Bellvidere	Rural
Calhoun County Health Department	Brussels	Rural
Clay County Health Department	Flora	Rural
Cumberland County Health Department	Neoga	Rural
Jackson County Health Department	Murphysboro	Rural, African-American, Latino
Jasper County Health Department	Newton	Rural
Marshall County Health Department	Henry	Rural
McDonough County Health Department	Macomb	Rural

Breast & Cervical Cancer

Breast Cancer Screening Mammograms		
Age	**Number**	**Percentage**
<40	290	0.1%
40-49	25,801	12.1%
50-64	124,743	58.7%
65+	61,619	29.0%
Total	**212,453**	
Race		
White	143,443	67.5%
Black	43,728	20.6%
Asian/Pacific Islander	17,059	8.0%
American Indian/Alaskan Native	6,707	3.2%
Other/Unknown	1,516	0.7%
Total	**212,453**	
Ethnicity		
Hispanic	50,743	23.9%
Non-Hispanic	159,771	75.2%
Unknown	1,939	0.9%
Total	**212,453**	

Cervical Cancer Screening Pap Tests		
Age	**Number**	**Percentage**
<40	8,666	7.8%
40-49	18,883	17.1%
50-64	57,471	51.9%
65+	25,659	23.2%
Total	**110,679**	
Race		
White	80,827	73.0%
Black	15,464	14.0%
Asian/Pacific Islander	11,387	10.3%
American Indian/Alaskan Native	2,299	2.1%
Other/Unknown	702	0.6%
Total	**110,679**	
Ethnicity		
Hispanic	32,496	29.4%
Non-Hispanic	76,760	69.4%
Unknown	1,423	1.3%
Total	**110,679**	

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 2013

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.illinois.gov/aging

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).
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