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

2014

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 Bruce Rauner, Governor, and the Honorable Members of the Illinois General Assembly

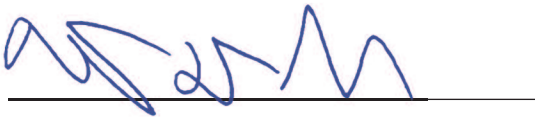
We are pleased to provide you with the Minority Services Report as required by Public Act 88-0254. This Act requires that the Department on Aging, the Department of Human Services, the Department of Public Health, and the Department of Healthcare and Family Services cooperate in the development and submission 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 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, an, with your continued support, look forward to even greater successes in the coming year.

Acting Director Kristine A. Smith
Illinois Department on Aging

Secretary-designate James T. Dimas
Illinois Department of Human 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 Benefit Access benefits. Age 55 determines eligibility for older worker services from the federal Department of Labor and age 60 and older or age 18-59 with a disability and living in the community, determines eligibility for services under the Adult Protective Services Program. The Long Term Care Ombudsman Program has no age-based eligibility and was established to protect the rights of individuals who live in a variety of long-term care settings.
- 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).
- 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 Act 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. 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 FY 2014, programs funded by the OAA served more than 515,770 seniors age 60 and over, or approximately 21 percent of Illinois' 2.5 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 2014, almost 115,400 older adults received Nutrition Services. The services include congregate and home delivered meals. Congregate meals are served weekdays in over 545 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 or older 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.

Persons Receiving Assisted Transportation Under the Older Americans Act During FY14

Race	Count
African Americans	167
Hispanic Orgin	6
American Indian or Alaskan Native	1
Asian	3
Caucasian	437
Other	27

Persons Receiving Congregate Meals Under the Older Americans Act During FY 14

Race	Count
African Americans	19,766
Hispanic Orgin	3,102
American Indian or Alaskan Native	324
Asian	4,031
Caucasian	51,375
Other	2,947

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY 14

Race	Count
African Americans	7,648
Hispanic Orgin	1,353
American Indian or Alaskan Native	43
Asian	318
Caucasian	23,182
Other	1,302

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 Senior Community Service Employment Program Benefits Under the Older Americans Act During FY14

Race	Count
African Americans	246
Hispanic Orgin	60
American Indian or Alaskan Native	7
Asian	9
Caucasian	169
Other	0

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 FY14, the Program received 14,789 reports of suspected abuse, neglect or financial exploitation for investigation and follow up. Trained case workers from 41 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.

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. Traditionally, the program's activities have included 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. As of February 2014, there were more than 1,500 nursing facilities in Illinois with over 136,000 beds or units. In Fiscal Year 2014, LTCOP conducted 18,936 facility visits, participated in 28,539 consultations and investigated 9,671 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 authorized the ombudsman program to "advocate on behalf of older persons and persons with disabilities residing in their own homes or community-based settings, relating to matters which may adversely affect the health, safety, welfare, or rights of such individuals."

In FY14, IDOA was the recipient of a three-year federal grant from the Centers for Medicare and Medicaid Services to promote the development of ombudsman services for Medicare/Medicaid Alignment Initiative (MMAI) beneficiaries. These funds were granted to ten ombudsman offices to begin project development activities in covered areas of the state. MMAI beneficiaries include adults 18 and older who receive both Medicare and Medicaid, and are recipients of managed care services through the MMAI demonstration project.

Senior HelpLine

The toll-free Senior HelpLine provides information and assistance on programs and services and links older adults age 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, local free transportation services and Medicare counseling. The Senior HelpLine staff also answers the dedicated APS HelpLine during normal business hours and provides intake. More than 77,660 calls were handled by the Senior HelpLine in Fiscal Year 2014, of which almost 1,350 cases were from Spanish speaking households.

Benefit Access

The Department on Aging determines eligibility through the Benefit Access Application for the Secretary of State License Plate Discount, as well as the Seniors or Persons with Disabilities Ride Free Transit Cards which allows for free rides on fixed-route transit through local transit authorities. Approximately 111,500* Benefit Access Applications were received in 2014 resulting in 81,098 license plate discounts, 48,562 Seniors Ride Free and 34,733 Persons with Disabilities Ride Free Enrollments.

*Counts are lower in 2014 due to Benefit Access utilizing to a 2 year application in 2013.

Client Contacts During FY14

Race	Count
American Indian and Alaska Native	56
Asian	1,367
Black or African American	4,496
Hispanic or Latino	4,576
Native Hawaiian and Other Pacific Islander	12
Multiracial	141
White	55,524
Other	4,906

Senior Health Insurance Program (SHIP)

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 2014, the Illinois SHIP Program assisted over 90,000 Medicare beneficiaries. In addition, SHIP provided outreach to educate individuals about their Medicare benefits during nearly 1,500 events such as public forums, community presentations, and in various publications.

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 FY 2014, the CCP served an average of 85,117 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 participants is reimbursed to Illinois through a federal Title XIX, Medicaid, Home and Community Based Services 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 the Coalition of Limited English Speaking Elderly (CLESE) programs.

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 2014, 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.

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 speaking proficiency. In addition, particular attention is paid to low-income minority individuals and others residing in rural areas.

Illinois Department of Healthcare and Family Services

HFS Medical Benefits for Seniors

HFS operates several programs that provide medical benefits for seniors. The largest, Medical Assistance Program, pays for medically necessary services for seniors who meet qualifying criteria. HFS administers its programs for seniors under the Illinois Public Aid Code, Title XIX of the federal Social Security Act, and the 1915(c) Home and Community Based Services (HCBS) Waivers. The programs are funded jointly by the State and federal governments.

HFS offers a wide range of medical coverage, including all mandatory, and most of the optional, Title XIX services. 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 $7,280 for one person or $10,930 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 $7,280 for one person or $10,930 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 $7,280 for a single person and $10,930 for a couple. (Reimbursement is 100% federal.)

Home and Community-Based Services (HCBS) Waiver Programs

Adults with Developmental Disabilities
This program helps individuals age 18 or older with developmental disabilities who are at risk of placement in an Intermediate Care Facility for persons with Developmental Disabilities (ICF/DD). This waiver allows individuals to receive services and remain in their homes or home-like community residential settings.

The Department of Human Services, Division of Developmental Disabilities is the operating agency for this waiver. Base services include: case management; adult day care; residential habilitation; home-based services; day habilitation; supported employment; and other services.

Elderly

This program helps individuals 60 years or older who are at risk of nursing facility placement. Target groups are those who are aged, ages 65 and older, and those who are physically disabled, ages 60 through 64. This waiver provides special services which allow the individual to remain in their home and community. The Department on Aging is the operating agency for this waiver. Base services include: in-home, adult day, and emergency home response.

Persons with Brain Injury

This program helps individuals with brain injury, of any age, who are at risk of nursing facility placement due to functional limitations resulting from the brain injury. This waiver provides an array of services which allows individuals to remain in their home and community. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this waiver. Base services include: homemaker; home health aide; personal care; adult day care; habilitation; supported employment; and other services.

Persons with Disabilities

This program helps individuals who are under age 60 at the time of application and are at risk of placement in a nursing facility. Individuals 60 years or older, who began services before age 60, may choose to remain in this waiver. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this waiver. Base services include: homemaker; home health aide; personal care; respite; adult day care; environmental access; and other services.

Persons with HIV or AIDS

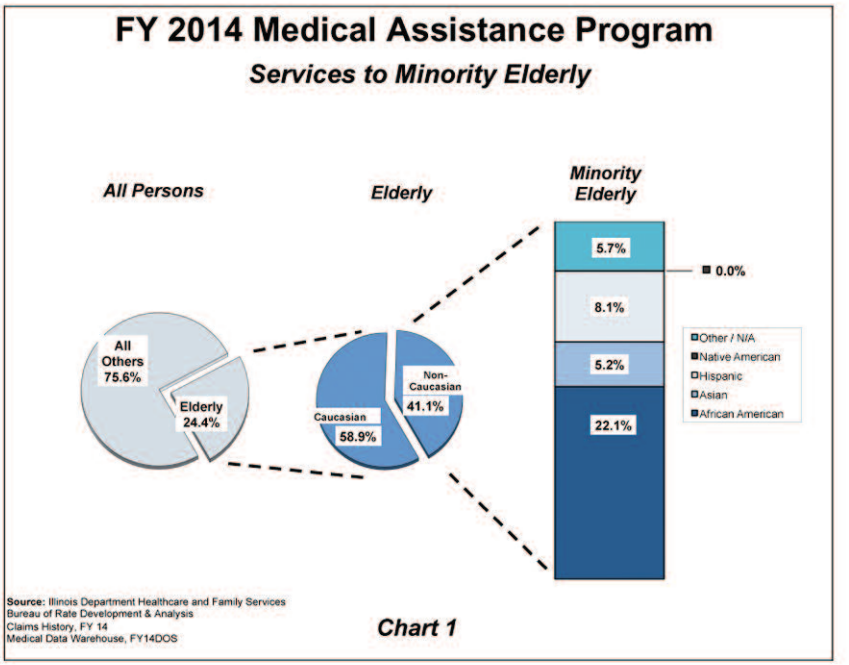
This program helps individuals who are diagnosed with Human Immune Deficiency Virus or Acquired Immune Deficiency Syndrome (AIDS) and are at risk of placement in a nursing facility. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this waiver. Base services include: homemaker; home health aide services; personal care; nursing; home delivered meals; physical, occupational, and speech therapies; and other services.

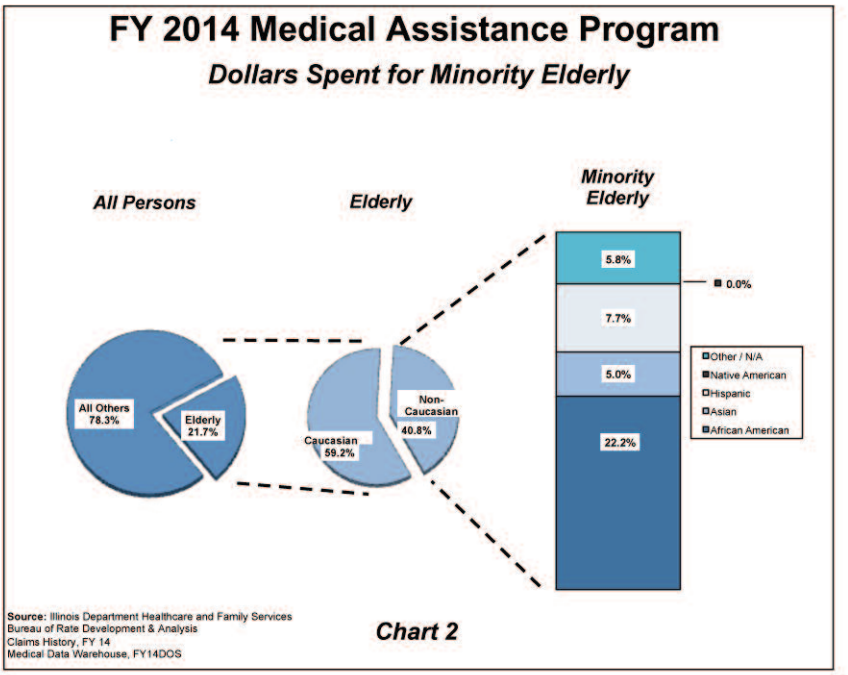
Supportive Living Facilities

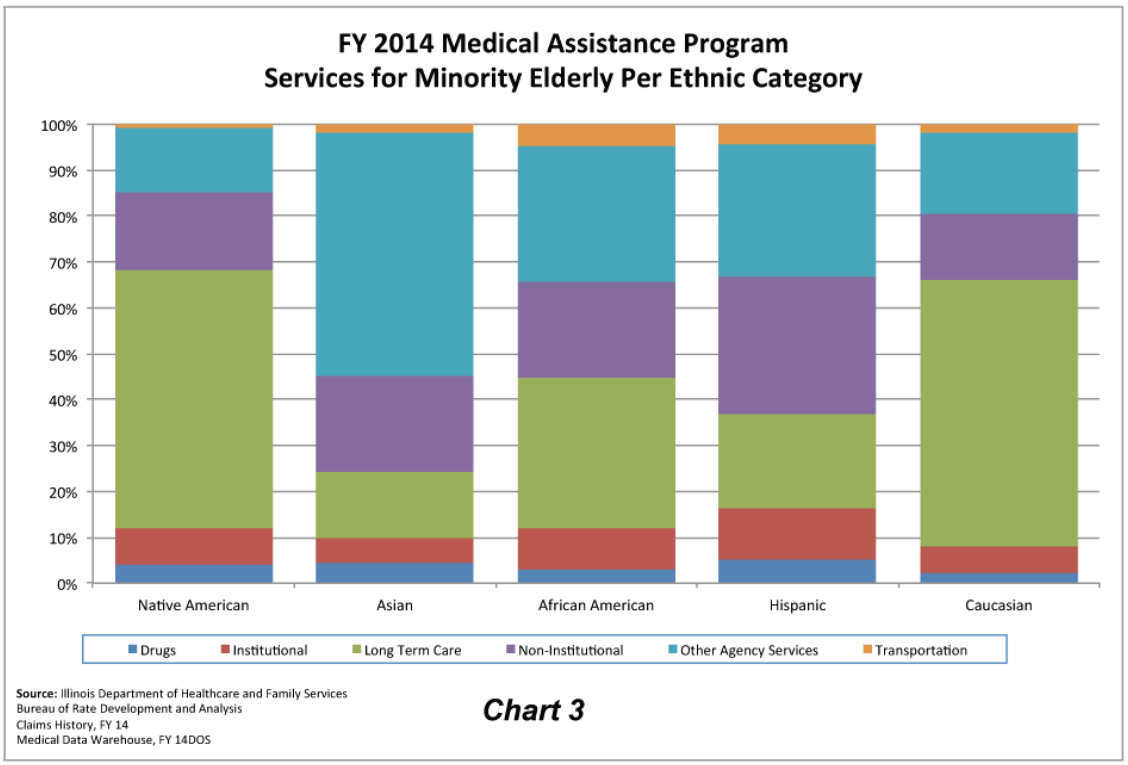
This program helps individuals age 22-64 with a physical disability or person age 65 or over to reside in their own apartment in an assisted living style setting. This program provides assistance with activities of daily living and requires the scheduled and unscheduled needs of the individual be met 24 hours a day. The Department of Healthcare and Family Services is the operating agency for this waiver. Base services include: nursing; personal care; medication oversight with self-administration; laundry; housekeeping; and other services.

During FY14, a total of 75 million claims were received and processed under the Medical Assistance Program accounting for $10.3 billion in expenditures and 133 million services. Of these amounts, 24 percent of all services and 22 percent of all expenditures were for the elderly. Of both, total services and total expenditures for the elderly, 41 percent were for minority elderly.

All Charts represent Medical Assistance eligible individuals age 65 years and older.

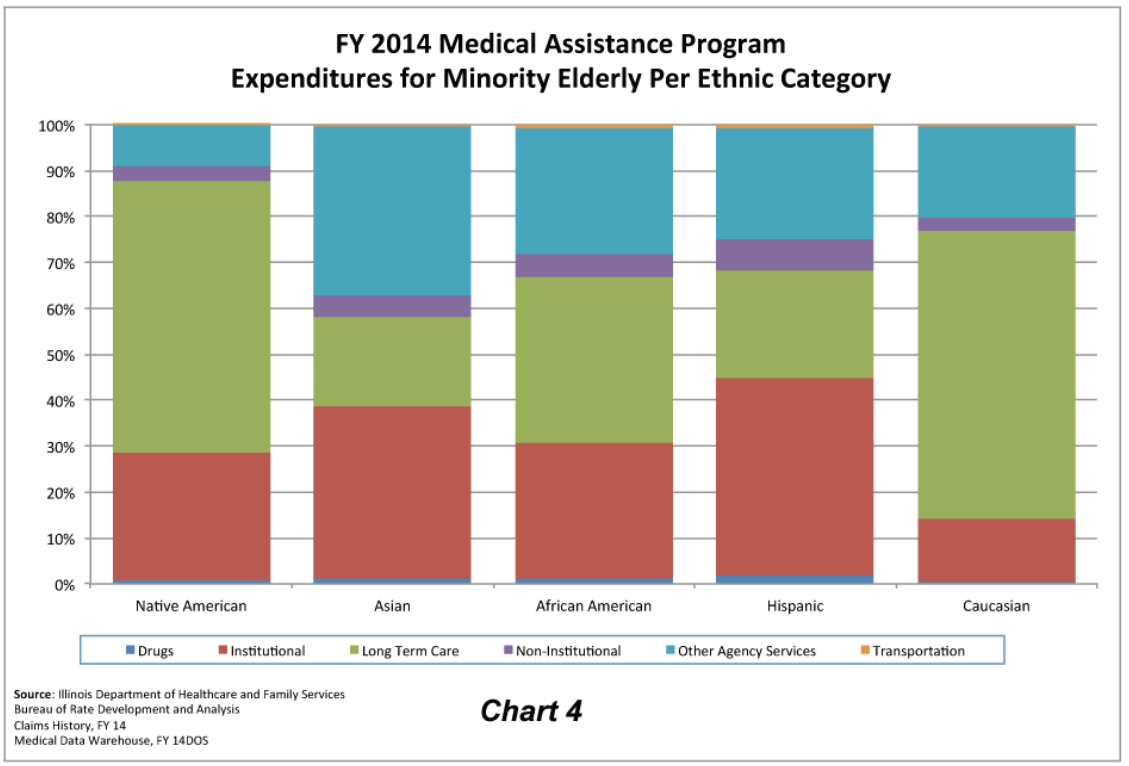






Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Claims History, FY 14
Medical Data Warehouse, FY 14DOS

Chart 3

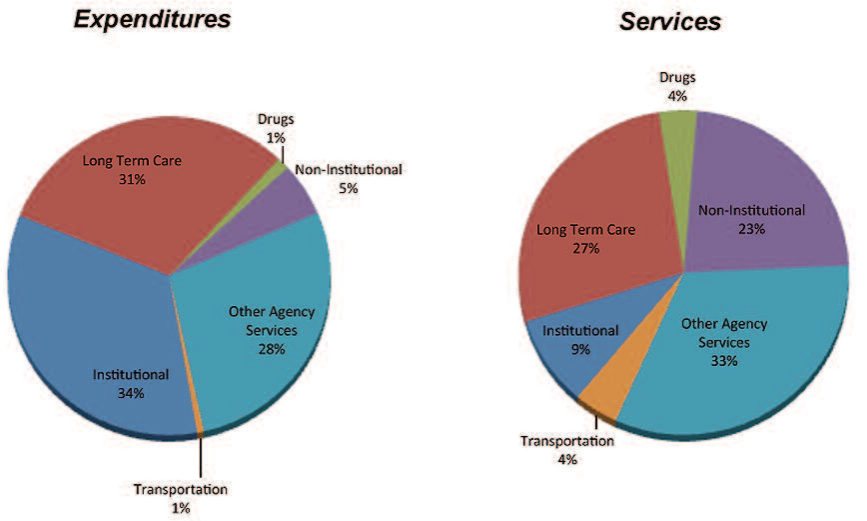


Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Claims History, FY 14
Medical Data Warehouse, FY 14DOS

Chart 4

FY 2014 Medical Assistance Program

Expenditures Vs. Services for Minority Elderly

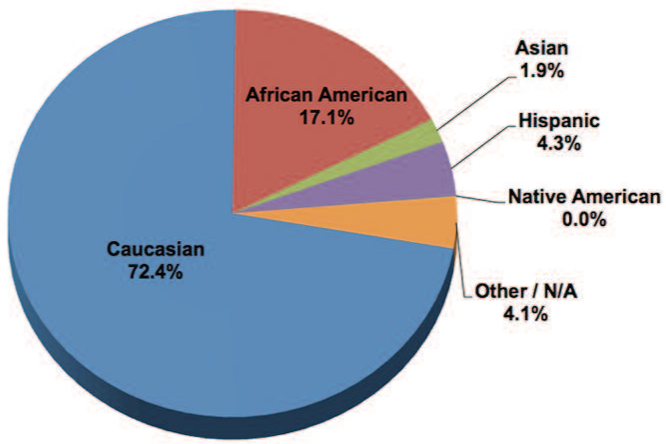


Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 14
Medical Data Warehouse, FY14DOS

Chart 5

FY 2014 Medical Assistance Program

Elderly Nursing Facility Residents by Racial/Ethnic Group



Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY1 4
Medical Data Warehouse, FY14 DOS

Chart 6

FEDERALLY REQUIRED MEDICAL ASSISTANCE SERVICES PROVIDED IN FY 2014

- ACA coverage for those 19-64 years of age
- Ambulatory services provided by rural health clinics and federally qualified health centers
- Ambulatory services to presumptively eligible pregnant women
- Early and periodic screening, diagnosis and treatment for individuals under 21 yrs of age
- Emergency services to non-citizens
- Family planning services and supplies
- Home health:
  - Home health aide
  - Medical supplies, equipment and appliances
  - Nursing services
    - Physical, occupational and speech therapies; audiology services
- Inpatient hospital services (other than those provided in an institution for mental diseases)
- Medical and surgical services performed by a dentist
- Nurse practitioner (pediatric and family only)
- Nurse-midwife services
- Nursing facility and home health services for individuals 21 years of age and older
- Outpatient hospital services
- Other laboratory and x-ray services
- Physician services
- Pregnancy-related services and services for other conditions that might complicate pregnancy
- Transportation

OPTIONAL SERVICES PROVIDED IN FY 2014

- Audiology services to non-citizens
- Care of individuals 65 years of age or older in institutions for mental diseases (IMD):
  - Inpatient hospital services, including State operated facilities
  - Nursing facility services
- Case management services
- Chiropractic services
- Clinic services (Medicaid clinic option)
- Dental services
- Diagnostic services
- Durable medical equipment and supplies
- Emergency hospital services
- Eyeglasses
- Home-and community-based services, through federal waivers:
  - Adults with developmental disabilities (18 years of age or older)
  - Children that are medically fragile and technology dependent (under 21 years of age)
  - Individuals who are elderly (60 years of age or older)
  - Individuals with brain injuries
  - Individuals with disabilities
  - Individuals with HIV or AIDS
  - Children with Developmental Disabilities Residential Waiver (3 through 21 years)
  - Children with Developmental Disabilities Home-Based Support Waiver (3 through 21 years)
  - Supportive living facilities (22 through 64 years of age with disabilities; 65 years of age or older)
- Hospice care services
- Inpatient psychiatric services (IMD) for individuals under 21 years of age, including State-operated facilities Intermediate care facility services for the mentally retarded (ICF/MR), including State-operated facilities
- Nurse anesthesia services
- Nursing facility services for individuals under 21 years of age
- Occupational therapy services
- Optometric services
- Other practitioner services
- Physical therapy services
- Podiatric services
- Prescribed drugs
- Preventive services, including durable medical equipment and supplies
- Prosthetic devices, including durable medical equipment and supplies
- Rehabilitative services (Medicaid rehabilitation option)
- Religious non-medical health care institution services
- Renal Services to non-citizens
- Services provided through a health maintenance organization or a prepaid health plan
- Screening services
- Special tuberculosis-related services
- Speech, hearing and language therapy services
- Transplantation 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, 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 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 was 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 2014.

Region 1 North	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)*	3,913	1,452	4,205	1,074	2,582	61	5	26	13,318
TANF MAG*	45	2	8	3	18	0	0	0	76
Family Health Plans	317	301	528	116	530	16	0	4	1,812
AABD-MAG	1,112	1,007	4,348	1,238	955	1	0	24	8,685
AABD-MANG	11,007	11,249	16,534	5,598	18,583	132	22	296	63,421
Refugee – Cash	1	0	5	0	0	0	0	0	6
Refugee - MANG	1	0	1	0	0	0	0	0	2
TOTAL PERSONS	16,396	14,011	25,629	8,029	22,668	210	27	350	87,320

Region 1 Central	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)*	28	1	57	7	11	0	0	0	104
Family Health Plans	158	53	98	559	196	4	0	2	1,070
AABD-MAG	4	0	17	1	1	0	0	0	23
AABD-MANG	5,780	700	15,855	1,523	1,573	15	14	36	25,496
TOTAL PERSONS	5,970	754	16,027	2,090	1,781	19	14	38	26,693

Region 1 South	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	7,199	118	1,715	518	1,016	20	2	5	10,593
TANF MAG	113	1	4	2	10	0	0	0	130
Family Health Plans	624	16	181	55	264	20	1	0	1,161
AABD-MAG	1,167	10	168	18	101	1	0	1	1,466
AABD-MANG	20,798	641	4,604	1,920	6,520	44	10	38	34,575
TOTAL PERSONS	29,901	786	6,672	2,513	7,911	85	13	44	47,925

Region 2	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	964	654	5,119	800	892	57	6	7	8,499
TANF MAG	25	8	21	2	10	0	0	0	66
Family Health Plans	227	254	795	139	452	31	0	0	1,898
AABD-MAG	140	369	863	102	99	4	0	5	1,582
AABD-MANG	3,312	6,844	14,727	3,199	8,836	114	24	92	37,148
TOTAL PERSONS	4,668	8,129	21,525	4,242	10,289	206	30	104	49,193

Region 3	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	308	24	1,912	62	136	13	0	2	2,457
TANF MAG	12	0	17	1	0	0	0	0	30
Family Health Plans	91	23	440	26	41	7	0	0	628
AABD-MAG	119	21	245	7	14	0	1	3	410
AABD-MANG	1,463	361	8,940	531	718	29	3	11	12,056
TOTAL PERSONS	1,993	429	11,554	627	909	49	4	16	15,581

Region 4	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	171	3	1,294	28	35	5	1	0	1,537
TANF MAG	5	0	16	0	0	0	0	0	21
Family Health Plans	43	3	326	18	8	5	0	0	403
AABD-MAG	59	10	254	11	7	0	0	0	341
AABD-MANG	1,551	106	20,998	550	235	17	7	8	23,472
TOTAL PERSONS	1,829	122	22,888	607	285	27	8	8	25,774

Region 5	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	497	10	1,939	38	35	13	1	1	2,534
TANF MAG	27	0	17	0	1	0	0	0	45
Family Health Plans	113	5	456	20	12	4	0	0	610
AABD-MAG	210	4	326	6	6	0	0	0	552
AABD-MANG	2,536	129	10,539	460	218	27	6	10	13,925
TOTAL PERSONS	3,383	148	13,277	524	272	44	7	11	17,666

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.

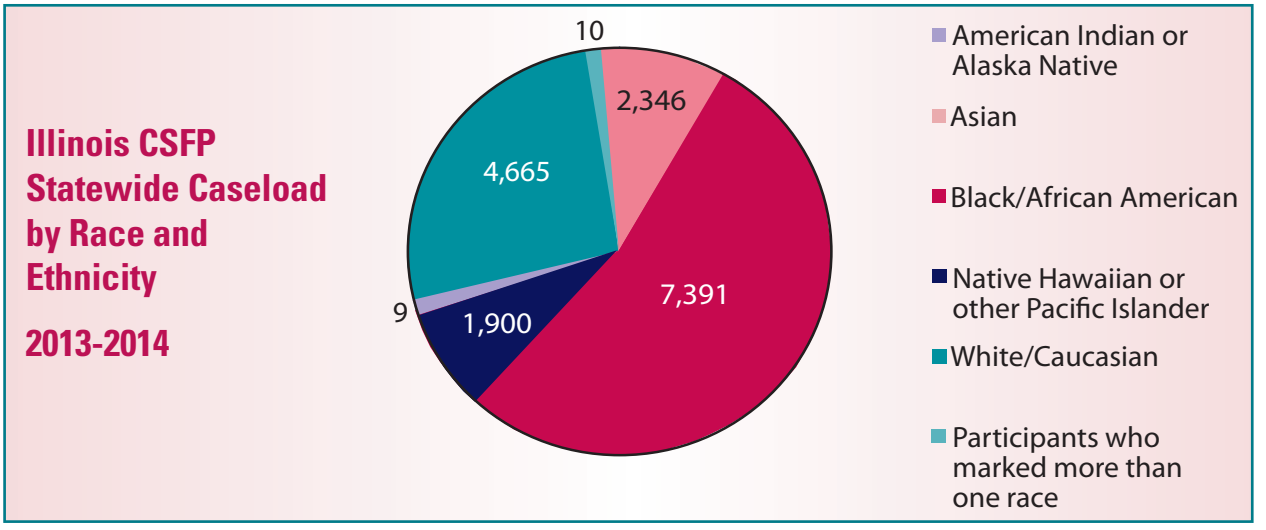
Division of Family and Community Services - Bureau of Family Nutrition

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 2009-2014.



Commodity Supplemental Food Program
Agency Participation by Race, Ethnicity

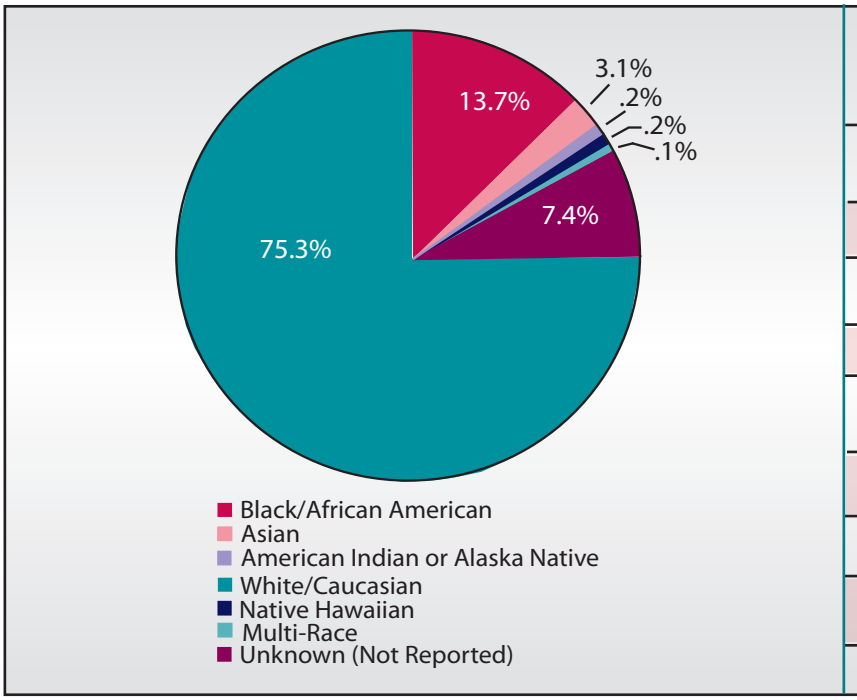
	Tri State Food Bank		St Louis Area Food Bank		Catholic Charities		Total	
Assigned Caseload	600		3,000		12,551		16,151	
	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race
American Indian or Alaska Native	0	0	4	1	4	0	9	0
Asian	0	0	11	0	2,335	0	2,346	0
Black or African American	126	0	0	6	7,265	762	7,391	768
Native Hawaiian or other Pacific Islander	0	0	1,900	3	0	0	1,900	3
White	472	2	1,065	0	3,128	1,548	4,665	1,550
Participants who marked more than one race	0	0	10	10	0	0	10	10

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 increased consumption of fresh fruits and vegetables, and aiding in the development of additional market opportunities for farmers.

During the 2014 summer season over 450 farmers in 32 counties throughout the state, including Chicago/Cook County participated in the Senior Farmers Market Nutrition Program (SFMNP). The participating farmers received education prior to displaying their Farmers Market Nutrition Program signage and redeeming any of the 35,900 booklets of SFMNP - 2014 checks/coupons. In the summer 2014 Season, Farmers Market checks/coupons were distributed in booklets of $21.00 to seniors, age 60 and above and who have a household income of not more than 185% of the federal poverty income guidelines to purchase fresh fruits, vegetables, herbs and honey from participating farmers at local farmers' markets. Also, in 2014, we ordered 35,900 SFMNP booklets for distribution and of that, 28,673 booklets (200,711 checks) were redeemed by participating farmers.

Hispanic Origin SFY 14 *New Reporting Category. No longer reporting Hispanic as a seperate Race/Ethnicity Category.		
Yes	414	9.3%
No	3,632	81.2%
Not Reported	428	9.6%
Total	4,474	100.0%



Seniors Served by SFMNP by Race, Ethnicity 2013-2014

Race/Ethnicity	Percent
White/Caucasian	75.3%
Black/African American	13.7%
Asian	3.1%
American Indian/ Alaskan Native	0.2%
Hawaiian/Pacific Islander	0.2%
Multi-Race	0.1%
Unknown (Not Reported)	7.4%
Total	100.0%

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.

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.

DASA Program Admission Aged 65 and Above by Race, Ethnicity - SFY 14

Race/Ethnicity	Individuals
American Indian	2
Asian	3
Native Hawaiian or other Pacific Islander	2
Black or African American	412
White	186
Other Single Race	31
Total	636

Hispanic Origin	Individuals
Yes	47
No	589
Total	636

*New Reporting Category. No longer reporting Hispanic as a seperate Race/Ethnicity Category.

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	31,717	562	32,279
Hispanic	3,169	33	3,202
Black/African American	9,900	188	10,088
Asian	1,064	4	1,068
American Indian	105	0	105
Pacific Islander	93	1	94
Other	0	5	5
Unknown	2,933	0	2,933
Total	**48,981***	**793***	**49,774**

*As of June 30, 2015

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 2014

Age	Count	Percentage
65 to 74	3,502	78.3%
7 and older	972	21.7%
Total	**4,474**	**100%**

Race/Ethnicity, Hispanic Origin and Gender of Individuals Age 65 and Older Receiving Mental Health Services FY 2014

		Number of Individuals	Percentage
Race/Ethnicity	White/Caucasian	3,361	75.3
	Black/African American	614	13.7
	Asian	140	3.1
	American Indian /Alaskan Native	8	.2
	Native Hawaiian/Pacific Islander	10	.2
	Multi-Race	5	.1
	Unknown	336	7.4
	TOTAL	**4,474**	**100.0%**
Hispanic Origin	Yes	414	9.3
	No	3,632	81.2
	Not Available	428	9.6
	TOTAL	**4,474**	**100.0%**
Gender	Female	2,874	64.2%
	Male	1,598	35.7%
	Not Reported	2	0.0%
	TOTAL	**4,474**	**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 Services 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
FY2014 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	1	<1%
Elderly Blind	Asian	11	2%
Elderly Blind	Black or African American	194	34%
Elderly Blind	Hispanic or Latino	33	6%
Elderly Blind	Multi-Racial	13	2%
Elderly Blind	Native Hawaiian or Other Pacific Islander	0	0%
Elderly Blind	White	320	56%
Elderly Blind	**Program Total**	**572**	

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Home Services	American Indian/Alaskan Native	34	<1%
Home Services	Asian	194	2%
Home Services	Black or African American	6,327	51%
Home Services	Hispanic or Latino	754	6%
Home Services	Multi-Racial	116	1%
Home Services	Native Hawaiian or Other Pacific Islander	9	<1%
Home Services	White	4,980	40%
Home Services	Program Total	12,414	
Vocational Rehabilitation	American Indian/Alaskan Native	3	<1%
Vocational Rehabilitation	Asian	13	1%
Vocational Rehabilitation	Black or African American	407	34%
Vocational Rehabilitation	Hispanic or Latino	73	6%
Vocational Rehabilitation	Multi-Racial	14	1%
Vocational Rehabilitation	Native Hawaiian or Other Pacific Islander	1	<1%
Vocational Rehabilitation	White	685	57%
Vocational Rehabilitation	Program Total	1,196	
All DRS	American Indian/Alaskan Native	38	<1%
All DRS	Asian	218	1%
All DRS	Black or African American	6,928	49%
All DRS	Hispanic or Latino	860	6%
All DRS	Multi-Racial	143	1%
All DRS	Native Hawaiian or Other Pacific Islander	10	<1%
All DRS	White	5,986	42%
	Division Total	14,183	

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 12.8 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 SFY2014, Illinois screened a total of 2,746 refugees mostly coming from Iraq (42%), Burma (20%), and Bhutan (10%). A total of 232 refugees (8% of all arrivals to Illinois) were over the age of 55, including 154 from Iraq, 31 from Bhutan, and 15 from Burma. The languages spoken by these refugees include Arabic, Burmese, Nepali, Karen, Chin, and Bhutanese. Interpretation services are

provided during the Initial health screening of new arrivals, usually within the first 30 days of arrival to Illinois.

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 and exhibitors and informational materials with information and resources for seniors.

• 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 FY 2014, 21,916 were reached through outreach awareness, 63,807 received prevention/education materials. Hepatitis B outreach and awareness information targeted a total of 6,398 individuals; 5,282 received prevention/education materials; and 2,514 received vaccinations for Hepatitis B.

• 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 under represented 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. In FY 2014 the BASUAH Initiative provided outreach to 23,166. Eighteen thousand sixty five (18,065) individuals received prevention and education materials, and 4,012 were tested for HIV. One hundred and eighty (180) completed the BASUAH training program.

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

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

Hospital Discharge Data (HDD) - 2013

Age-Specific Data	65-74 years old		75-84 years old		85+ years old	
REASON FOR HOSPITALIZATION	**Number**	**Rate***	**Number**	**Rate***	**Number**	**Rate***
Hospitalizations for all injuries	6,880	713.1	9,823	1866.9	10,749	4253.5
Drowning-related hospitalizations	-	-	-	-	-	-
Unintentional fall-related hospitalizations	4,258	441.3	7,152	1359.3	8,497	3362.4
Hip fracture hospitalization in 65+	1,574	163.1	3,436	653.0	4,641	1836.5
Unintentional fire-related hospitalizations	31	3.2	-	-	-	-
Firearm-related hospitalizations	-	-	-	-	-	-
Assault-related hospitalizations	47	4.9	-	-	-	-
Motor vehicle traffic hospitalizations	386	40.0	306	58.2	141	55.8
Poisoning hospitalizations	479	49.6	284	54.0	153	60.5
Suicide attempt hospitalizations	132	13.7	66	12.5	24	9.5
Traumatic brain injury hospitalizations	1236	128.1122412	1765	335.4524807	1678	664.0100987

*Due to IDPH's confirmation process, 2014 statistics were not available at print time.

Emergency Department (ED) Data - 2013

Age-Specific Data	65-74 years old		75-84 years old		85+ years old	
REASON FOR ED VISIT	**Number**	**Rate***	**Number**	**Rate***	**Number**	**Rate***
ED visits for all injuries	53,158	5509.9	44,015	8365.4	35,861	14190.7
Drowning-related ED visits	---	---	---	---	---	---
Unintentional fall-related ED visits	25,941	2688.8	27,720	5268.4	26,451	10467.1
Hip fracture ED visits in 65+	242	25.1	482	91.6	667	263.9
Unintentional fire-related ED visits	116	12.0	67	12.7	---	---
Firearm-related ED visits	---	---	---	---	---	---
Assault-related ED visits	384	39.8	118	22.4	62	24.5
Motor vehicle traffic ED visits	3,997	414.3	1,883	357.9	607	240.2
Poisoning ED visits	696	72.1	415	78.9	216	85.5
Suicide attempt ED visits	77	8.0	39	7.4	---	---
Traumatic brain injury ED visits	5,536	573.8	6,243	1186.5	6,055	2396.1

*Due to IDPH's confirmation process, 2014 statistics were not available at print time.

Death Data - 2013									Population	
	65-74 years old		75-84 years old		85+ years old		Illinois Total		Total	12,882,135
FATALITY TYPE	Number	Rate	Number	Rate	Number	Rate	Number	Rate	< 01	157,563
Injury	394	3.1	541	4.6	639	4.2	6,060	46.3	01 - 04	641,456
Unintentional drowning	-	-	-	-	-	-	88	0.7	05 - 14	1,700,815
Unintentional fall-related	118	0.9	262	2.2	329	2.2	893	6.6	15 - 24	1,783,044
Unintentional fire-related	11	0.1	12	0.1	11	0.1	91	0.7	25 - 34	1,784,842
Firearm-related	51	0.4	41	0.4	19	0.1	1,056	8.1	35 - 44	1,685,410
Homicides	14	0.1	7	0.1	13	0.1	779	6.1	45 - 54	1,795,460
Motor vehicle traffic	71	0.6	63	0.5	40	0.3	1,017	7.8	55 - 64	1,589,904
Poisoning	35	0.3	12	0.1	11	0.1	1,419	11.0	65 - 74	964,779
Suicides	82	0.6	58	0.5	31	0.2	1,169	8.9	75 - 84	526,155
Traumatic brain injury	160	1.2	233	2.0	207	1.4	1,523	11.6	85+	252,707

** Rates unreliable. All rates are per 100,000. Rates in the "Illinois Total" column are crude rates.
Due to IDPH's confirmation process, 2014 statistics were not available at print time.

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.

Healthy Brain Initiative

In 2014, *The Healthy Brain Initiative* grant was awarded to the Illinois Department of Public Health by the National Association of Chronic Disease Directors, through the U.S. Centers for Disease Control and Prevention. Through this grant, Illinois will focus on activities included in the Public Health Road Map for State and National Partnerships, 2013-2018, to increase surveillance and promote use of data regarding the burden of persons living with increased confusion or memory loss (ICML), assess the ability of state and local organizations to address the needs of persons with ICML and the needs of their care partners, and identify and implement priority recommendations of the *Illinois Alzheimer's Disease State Plan-2014-2017*.

According to the Behavioral Risk Factor Surveillance System (BRFSS), in 2013, more than 1.2 million households in Illinois had someone with ICML. Approximately five percent of adults had been diagnosed with Alzheimer's disease and 12 percent with dementia other than Alzheimer's disease. Many individuals with ICML require a caregiver for assistance with safety concerns, transportation, household activities, personal care or other needs. According to BRFSS, in 2013, approximately one third of individuals with ICML in Illinois had been provided care or assistance from a friend or family member in the past thirty days. Of caregivers in Illinois, annually seven percent provide care for someone with Alzheimer's disease and 21 percent for someone with dementia other than Alzheimer's disease. It is important to remember that the BRFSS is used to survey households and does not include residents of nursing homes, group homes or other facilities.

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 check-off fund. The tax check-off 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 check-off funds have supported more than 177 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.

For FY2016, ten 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 chosen for FY2016 funding.

Alzheimer's Disease Advisory Committee

The Alzheimer's disease Advisory Committee is comprised of 23 voting members and five nonvoting 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).

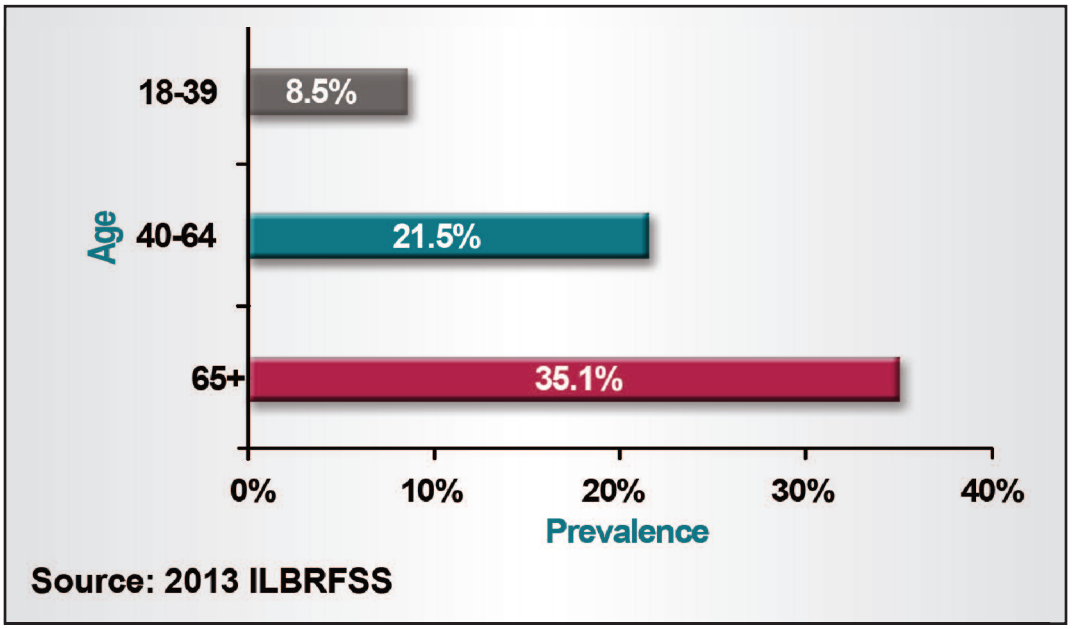
In addition to the 23 voting members, non voting membership includes representatives from the departments of Public Health, Aging and Healthcare & Family Services, Human Services and Guardianship and Advocacy Commission.

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. In Illinois, the prevalence of disability increases across the age groups from 8.5 percent (95% CI: 6.8% – 10.7%) among young adults ages 18 to 39, to 21.5 percent (95% CI: 19.3% – 23.9%) among middle age adults ages 40 to 64, and to 35.1 percent (95% CI: 32.0% – 38.3%) among those ages 65 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 2014, there were 24,898 total callers to the Quitline for in-depth tobacco cessation services and 2,052 callers were seniors 65 years and older (8.24%). Of seniors who called the quitline, 74.3 percent were white, 21.1 percent were black and 4.5 percent were other races.

Women's Health and Family Services

Division of Population Health Management
Fiscal Year 2014 Minority/Aging Report

Conferences/Educational Events

On December 3rd and 4th, more than 250 women's health advocates gathered at the Springfield Hilton Hotel in Springfield, Illinois the 15th 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 2014

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

Illinois WISEWOMAN Program

The Illinois WISEWOMAN Program (IWP) serves participants of the Illinois Breast and Cervical Cancer Program (IBCCP), who are 40-64 years of age, by providing screening for cardiovascular disease (CVD) risk factors. Participants who are identified as having CVD risk factors, such as smoking, hypertension, high Body Mass Index (BMI), high cholesterol and/or high glucose or triglyceride levels, are provided with resources and referrals to decrease or eliminate their risks of CVD. In FY 15, the IWP screened 424 women of which approximately 43% were of Hispanic Origin. In FY15, the following Races were served: approximately 23% were African-American, approximately 4% were Asian or Native Hawaiian/Pacific Islander, and approximately 3% were American Indian/Alaskan Native. Of the total women served in FY15, approximately 49% of those women were between the ages of 50 and 64.

Illinois Breast & Cervical Cancer Screening

Breast Cancer Screening Mammograms	*FY14*		*FY13*		*FY12*	
Age	**#**	**%**	**#**	**%**	**#**	**%**
<40	91	0.6%	120	0.8%	87	0.6%
40-49	5,808	37.3%	6,740	43.2%	7,474	48.0%
50-64	9,273	59.5%	12,239	78.5%	12,821	82.3%
65+	413	3.5%	433	3.7%	694	5.9%
Total	**15,585**		**19,532**		**21,076**	
Race						
White	11,838	76.0%	13,445	68.8%	14,302	67.9%
Black	2,271	14.6%	3,606	18.5%	4,077	19.3%
Asian/Pacific Islander	900	5.8%	1,090	5.6%	1,000	4.7%
Other/Unknown	576	3.7%	1,391	7.1%	1,697	8.1%
Total	**15,585**		**19,532**		**21,076**	
Ethnicity						
Hispanic	7,306	46.9%	7,756	39.7%	7,811	37.1%
Non-Hispanic	8,120	52.1%	11,652	59.7%	13,038	61.9%
Unknown	159	1.0%	124	0.6%	227	1.1%
Total	**15,585**		**19,532**		**21,076**	

Cervical Cancer Screening Pap Tests						
Age	**#**	**%**	**#**	**%**	**#**	**%**
<40	686	17.5%	1,110	22.4%	1,676	18.8%
40-49	1,537	39.2%	1,817	36.7%	3,448	38.8%
50-64	1,637	41.8%	1,997	40.3%	3,689	41.5%
65+	60	1.5%	31	0.6%	82	0.9%
Total	**3,920**		**4,955**		**8,895**	
Race						
White	3,251	82.9%	3,528	71.2%	6,515	73.2%
Black	427	10.9%	722	14.6%	1,150	12.9%
Asian/Pacific Islander	83	2.1%	126	2.5%	179	2.0%
Other/Unknown	159	4.1%	579	11.7%	1,051	11.8%
Total	**3,920**		**4,955**		**8,895**	
Ethnicity						
Hispanic	2,305	58.8%	2,481	50.1%	4,342	48.8%
Non-Hispanic	1,586	40.5%	2,440	49.2%	4,431	49.8%
Unknown	29	0.7%	34	0.7%122	1.4%	
Total	**3,920**		**4,955**		**8,895**	

Source: IDPH, OWHFS, Illinois Breast and Cervical Cancer Program (IBCCP); Data from July 1, 2011- June 30, 2014.

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 US Census Bureau, in 2014 older Illinoisans (age 65 and older) represented 13.9 percent of the population. Older adults age 85 and older are the fastest growing segment of this population. These individuals are most likely living with chronic health conditions and needing supportive services.

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

> Minorities are expected to become the majority in 2044 with more than half of all Americans projected to belong to a minority group. By 2060, the minority population is projected to comprise of 56% of the population compared to 38% in 2014.
>
> In 2030, when all of the baby boomers will be 65 and older, they will represent nearly one in five U.S. residents. This age group is projected to increase to 92 million in 2060, almost double its population of 46.2 million in 2014.
>
> Similarly, the 85 and older population is expected to more than triple, from 5.9 million to 18.2 million between 2012 and 2060.
>
> The non-Hispanic, single-race White population is projected to decrease by 2060 with a population of 181.9 million, 16.1 million less than in 2014 (198.1 million). In fact, this group is projected to slowly decrease from the 2020s to 2060 and comprise less than half of the total population. There will be a peak in this population in 2024 at 199.6 million.
>
> Meanwhile, the Hispanic population is projected to nearly triple, from 53.3 million to 128.8 million during the 2012-2060 period. Nearly one in three U.S. residents would be Hispanic.
>
> The Black population is projected to increase from 41.2 million to 61.8 million during the 2012-2060 time period.
>
> The Asian population is projected to more than double from 15.9 million to 34.4 million between 2012 and 2060. Its share of the nation's population is expected to rise from 5.1 percent to 8.2 percent during this time period.

Among the remaining race groups, American Indians and Alaska Natives are projected to rise from 3.9 million to 6.3 million (or from 1.2 to 1.5 percent of the total population). The Native Hawaiian and Other Pacific Islander population is expected to nearly double, from 706,000 to 1.4 million between 2012 and 2060. The number of people who identify themselves as being of two or more races is projected to more than triple, from 7.5 million to 26.7 million over the same period.

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, there is 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/minorityhealth
Health and Human Services —
- **National Health Information Center:** http://health.gov/nhic
- **Women's Health:** www.womanshealth.gov
- **Medicare and Medicaid Services:** www.cms.gov

Social Security: www.socialsecurity.gov
U.S. Census Bureau Community Reports: www.census.gov

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 2014

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 Adult Protective Services Hotline: 1-866-800-1409, 1-888-206-1327 (TTY)
www.illinois.gov/aging

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