



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

FY 2017

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.

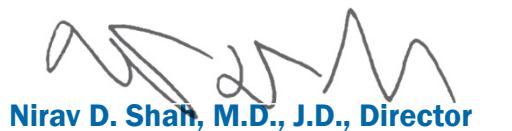
We are proud of the efforts to date in making our services more appropriate and accessible to minority and ethnic elderly, and, with your continued support, look forward to even greater successes in the coming year.




Jean Bohnhoff, Director
Illinois Department on Aging



James T. Dimas, Secretary
Illinois Department of Human Services



Nirav D. Shah, M.D., J.D., Director
Illinois Department of Public Health



Patricia Bellock, Director
Illinois Department of Healthcare and Family Services

Table of Contents

- I. The Four State Agencies and their Services to Seniors3

- II. Definition of Terms4

- 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:
 - Illinois Department on Aging6
 - Illinois Department of Human Services 13
 - Illinois Department of Healthcare and Family Services. 29
 - Illinois Department of Public Health 37

- IV. Guides for Service in the Future 49

- V. Sources for Further Research and Links to Data 53



The Four State Agencies and their Services to Seniors

Illinois Department on Aging

The Illinois Department on Aging (IDoA) supports older adults to 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.



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 maintains 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 2010 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 2010 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 state-funded portion of the Community Care Program, Aging's Home and Community-Based Medicaid Waiver program serving the elderly. Age 65 and older, and persons with disabilities age 16-64 with limited income determines eligibility for the Benefit Access Program. 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 Seniors and Persons with Disabilities (SPD).
- 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.



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), the Senior Health Insurance Program (SHIP), Senior Health Assistance Program (SHAP) sites, senior centers and many other local organizations. These community-based services and supports assist senior citizens to 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 persons who are low-income minority status and older adults living in rural areas. IDoA uses OAA funds to leverage state and local resources to expand and improve services.

In FY 2017, programs funded by the OAA served more than 492,000 seniors age 60 and over, or approximately 20 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 FY 2017, almost 112,343 older adults received Nutrition Services. The services include congregate and home delivered meals.

Congregate meals are served weekdays in over 400 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 33 1/3 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 short-term caregiver emergency.

Persons Receiving Assisted Transportation Under the Older Americans Act During FY 2017

<u>Race</u>	<u>Count</u>
African Americans	98
Hispanic Origin	4
American Indian or Alaskan Native	1
Asian	1
Caucasian	308
Other	97

Persons Receiving Congregate Meals Under the Older Americans Act During FY 2017

<u>Race</u>	<u>Count</u>
African Americans	19,940
Hispanic Origin	3,593
American Indian or Alaskan Native	282
Asian	4,604
Caucasian	47,791
Other	2,719

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY 2017

<u>Race</u>	<u>Count</u>
African Americans	6,987
Hispanic Origin	1,087
American Indian or Alaskan Native	47
Asian	280
Caucasian	23,982
Other	1,173

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.

Adult Protective Services

IDoA 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 persons with disabilities between the ages of 18-59 living in the community.

In FY 2017, the Program received 16,507 reports of suspected abuse, neglect or financial exploitation for investigation and follow up. Trained case workers from 42 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 licensed long-term care facilities.

Traditionally, the program's activities have included investigating and resolving complaints made by or on behalf of long-term care residents and providing information about residents' rights and choices when selecting a long-term care facility. Ombudsmen also monitor the development of laws, regulations and policies related to long-term care settings. In FY 2017, there were just under 1,600 facilities in Illinois with over 141,000 beds or units and the LTCOP conducted 16,545 facility visits, provided 26,114 consultations and investigated 8,009 complaints. In 2014, the Ombudsman Program expanded to include the Home Care Ombudsman Program (HCOP). The Home Care Ombudsman Program has the responsibility of providing advocacy services to select individuals in home and community-based settings.

Senior HelpLine

The statewide toll-free Senior HelpLine provides information and assistance in English and Spanish on programs and services and links older adults age 60 and over as well as their caregivers to local services. Professionally trained staff assess needs, and provide referrals on home and community-based service options such as in-home services, home-delivered meals, caregiver support, local free transportation services and Medicare counseling. The Senior HelpLine staff also answers the dedicated APS Hotline and completes reports of suspected abuse, neglect, financial exploitation and self-neglect of adults over the age of 60 and persons with disabilities between the ages of 18-59, living in the community. In FY 2017, 151,291 calls were handled by the Senior HelpLine, of which 4,199 were from Spanish speaking households.

Persons Receiving Senior Community Service Employment Benefits Under the Older Americans Act During FY 2017

<u>Race</u>	<u>Count</u>
African Americans	242
Hispanic Origin	41
American Indian or Alaskan Native	1
Asian	9
Caucasian	122
Native Hawaiian or Pacific Islander	0
*2 or more Races	0

Adult Protective Services Alleged Victim Reports During FY 2017

<u>Race</u>	<u>Count</u>
American Indian	24
Asian/Pacific Islander	229
Black, Non-Hispanic	3,491
Hispanic	774
White	11,544
Unknown	722
Other	122

Benefit Access

The Department on Aging is responsible for determining eligibility for the Benefit Access Program (BAP). The BAP provides eligibility for two-years and offers applicants two (2) benefits: Secretary of State License Plate Discount and Seniors or Persons with Disabilities Ride Free Transit Cards on all fixed-route public transportation systems in the state. In FY 2017 approximately 138,678 Benefit Access Applications were received which resulted in 79,216 license plate discounts, 50,885 Seniors Ride Free and 37,899 Persons with Disabilities Ride Free Enrollments.

Senior Health Insurance Program (SHIP)

SHIP activities align with the IDoAs 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 on Medicare, Medicare Advantage Plans, Medicare Part D, private health insurance, and related health coverage for people with Medicare. Counseling is available through over 300 host organizations throughout the state offering one-on-one confidential sessions with certified counselors trained by the Department. In addition, SHIP provided outreach to educate individuals about their Medicare benefits through public forums, community presentations, and various publications. In FY 2017, SHIP counselors assisted over 118,000 Medicare beneficiaries. In addition, SHIP provided outreach to educate individuals about their Medicare benefits during over 2,100 events.

SHIP Client Contacts During FY 2017

Race	Count
American Indian and Alaska Native	89
Asian	6,588
Black or African American	11,589
Hispanic or Latino	6,592
Native Hawaiian and Other Pacific Islander	6
Multiracial	246
White	90,137
Other	3,678

Community Care Program

The Department on Aging administers the Community Care Program (CCP), a community-based program whose aim is to support seniors' ability to remain in their own home and 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 need support with household and personal care tasks. Services include in-home, adult day, and emergency home response services. During FY 2017, CCP served an average of 75,000 elderly each month, thereby successfully diverting or delaying many of those individuals from entering a nursing facility. Note that this is only Fee-For-Service. There are additional clients receiving CCP services from a Managed Care Organization (MCO). CCP is a viable and cost-effective alternative to nursing facility care and the number of individuals it serves has increased significantly in 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 operation of a 1915(c) Waiver for the Elderly. Participants are evaluated through an initial comprehensive care assessment to determine their need for service and a person-centered plan is developed in collaboration with the individual. Annual reassessments ensure ongoing needs are identified and met.

IDoA provides meaningful access to services to older adults who are low-income minority 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

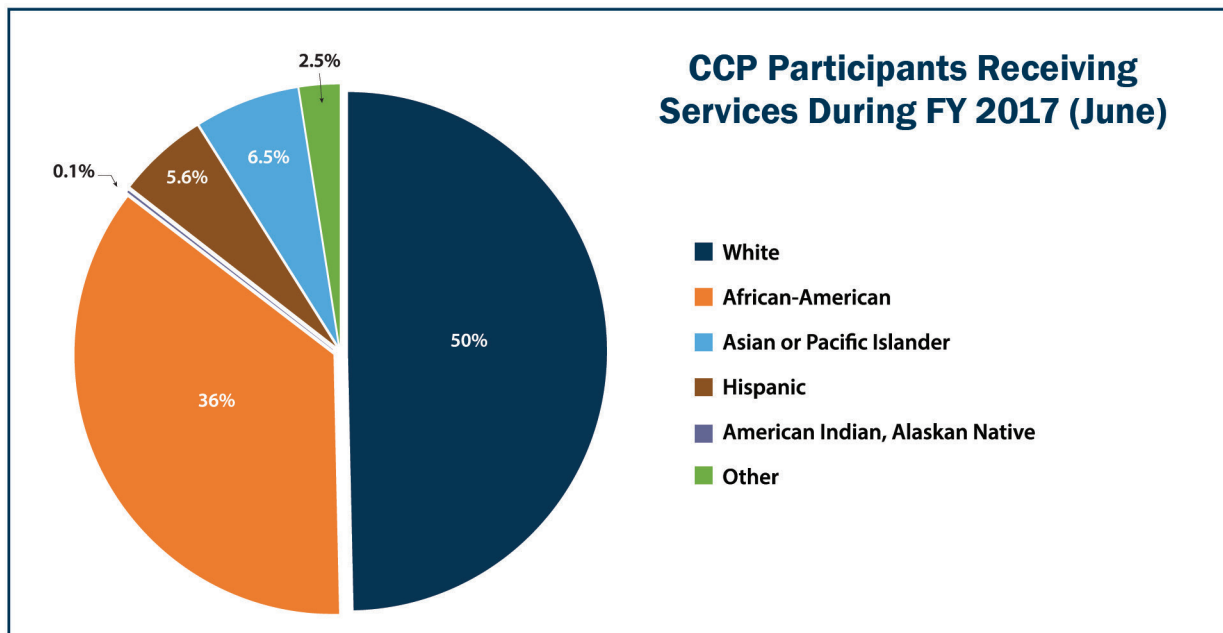
Proficient Persons” (68 FR 47311 August 8, 2003). In addition to ensure meaningful access to services, IDoA along with the Bureau of Refugee and Immigrant Services within the Department of Human Services and the Department of Public Health support a number of the Coalition of Limited English Speaking 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 FY 2016, 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). 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.



Division of Family & Community Services

For many individuals, the first point of contact with the Illinois Department of Human Services (IDHS) is through the doors of one of the 77 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 U.S. 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 77 IDHS 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 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.

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 grant supports the cultural adjustment and social integration of older refugees through five community-based organizations. The project provides services to reduce social isolation; assist seniors in accessing public benefits, including health-related resources; and helps seniors gain a basic understanding of money/finances. In FY 2017, 181 older refugees were served.

Additionally, the Supplemental Nutrition Assistance Program (SNAP) Outreach program coordinated by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) supports services at 16 community based organizations. These organizations serve Limited-English-proficient households which may include senior refugees.

Senior Benefit Programs Provided By Family & Community Services

All programs are for age 65+, except for SNAP (Food Stamps) that includes age 60+.

	Region 1 North								Total
	African Americans	Asian-American/Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	Native American/ Alaskan Native	Pacific Islander	
SNAP/Food Stamps (age 60+)	3,243	852	3,035	1,146	1,832	40	2	12	10,162
TANF MAG	34	2	8	1	13	0	0	0	58
AABD-MAG	1,043	900	3,988	1,035	871	3	0	18	7,858
AABD-MANG	11,883	12,238	17,817	5,244	19,753	228	15	263	67,441
Family Health Plans	627	629	1,065	252	946	28	0	3	3,550
Refugee - Cash	0	1	0	0	0	0	0	0	1
Refugee - MANG	3	0	5	0	0	0	0	0	8
TOTAL PERSONS	16,833	14,622	25,918	7,678	23,415	299	17	296	89,078

Region 1 Central

	African Americans	Asian-American/Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	Native American/ Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	1	0	1	0	0	0	0	0	2
Family Health Plans	154	28	98	300	84	0	1	1	666
AABD-MAG	3	1	13	3	4	0	0	0	24
AABD-MANG	6,773	992	15,925	2,182	2,279	22	15	44	28,232
Total Persons	6,931	1,021	16,037	2,485	2,367	22	16	45	28,924

Region 1 South

	African Americans	Asian-American/Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	Native American/ Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	6,531	102	1,261	542	777	20	2	2	9,237
TANF MAG	84	1	4	2	8	0	0	0	99
Family Health Plans	1,227	53	336	117	394	14	0	1	2,142
AABD-MAG	1,101	4	129	12	88	0	0	2	1,336
AABD-MANG	22,834	740	4,866	2,101	7,297	63	10	43	37,954
Total Persons	31,777	900	6,596	2,774	8,564	97	12	48	50,768

Region 2

	African Americans	Asian-American/Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	Native American/ Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	768	478	4,296	635	671	41	4	0	6,893
TANF MAG	19	8	21	1	7	2	0	0	58
Family Health Plans	232	344	961	163	517	44	2	1	2,264
AABD-MAG	177	392	822	95	121	2	0	3	1,612
AABD-MANG	3,922	7,830	16,565	3,203	10,350	221	20	71	42,182
Refugee-Cash	0	0	2	0	0	0	0	0	2
Refugee-MANG	0	0	2	0	0	0	0	0	2
Total Persons	5,118	9,052	22,669	4,097	11,666	310	26	75	53,013

Region 3

	African Americans	Asian-American/Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	Native American/ Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	290	19	1,828	52	94	9	1	0	2,293
TANF MAG	12	1	15	0	0	1	0	0	29
Family Health Plans	107	19	582	21	50	13	0	0	792
AABD-MAG	138	21	242	9	16	0	1	2	429
AABD-MANG	1,773	442	9,964	515	826	35	5	10	13,570
Total Persons	2,320	502	12,631	597	986	58	7	12	17,113

Region 4

	African Americans	Asian-American/Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	Native American/ Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	83	4	1,146	48	14	2	2	0	1,299
TANF MAG	11	0	17	0	0	0	0	0	28
Family Health Plans	71	6	419	23	13	2	0	0	534
AABD-MAG	79	9	225	10	8	0	0	0	331
AABD-MANG	1,690	137	20,565	654	272	20	12	11	23,361
Total Persons	1,934	156	22,372	735	307	24	14	11	25,553

Region 5

	African Americans	Asian-American/Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	Native American/ Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	324	4	1,621	52	17	7	0	4	2,029
TANF MAG	18	0	17	0	0	0	0	0	35
Family Health Plans	180	6	662	25	15	7	1	1	897
AABD-MAG	211	3	298	7	4	1	0	0	524
AABD-MANG	2,854	142	11,509	454	280	24	5	13	15,281
Total Persons	3,587	155	14,107	538	316	39	6	18	18,766

Services for Persons Age 65+ by Category - Statewide During FY 2017

Group	Total
SNAP (Age 60+)	31,915
TANF MAG	307
AABD-MAG	12,114
AABD-MANG	228,021
Family Health Plans	10,845
Refugee-Cash	3
Refugee-MANG	10
Total Persons	283,215

Challenges to Services

Many seniors can be resistant to seeking out services provided by our Family and Community Resource Centers. Processes and requirements to programs can be challenging to understand as each program's eligibility requirements are different. Some seniors feel uncomfortable sharing information about income and assets in order to determine eligibility for services. IDHS encourages seniors to contact our FCRCs or schedule a visit so IDHS staff can help them understand the benefits of our services.

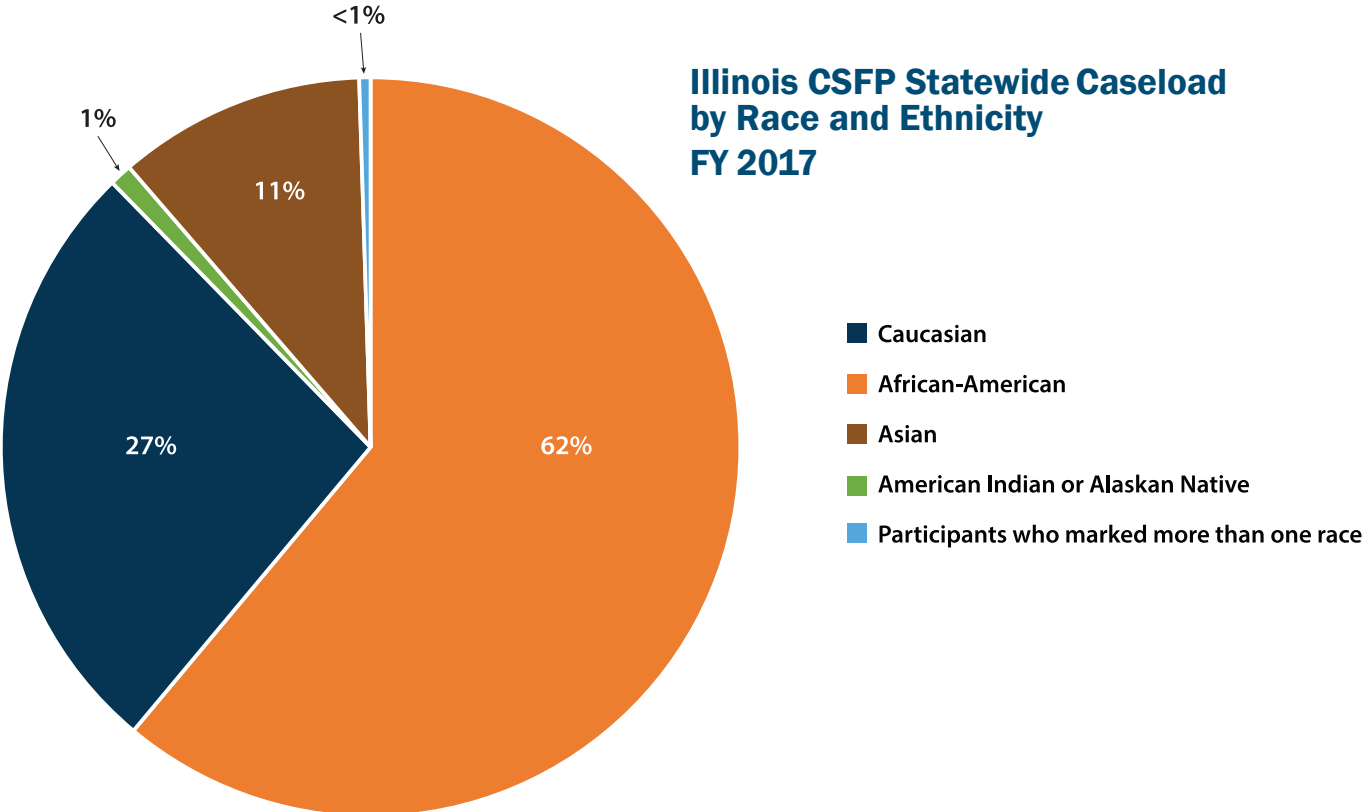
Division of Family and Community Services - Bureau of Family Nutrition

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.

Illinois CSFP Statewide Caseload by Race and Ethnicity FY 2017



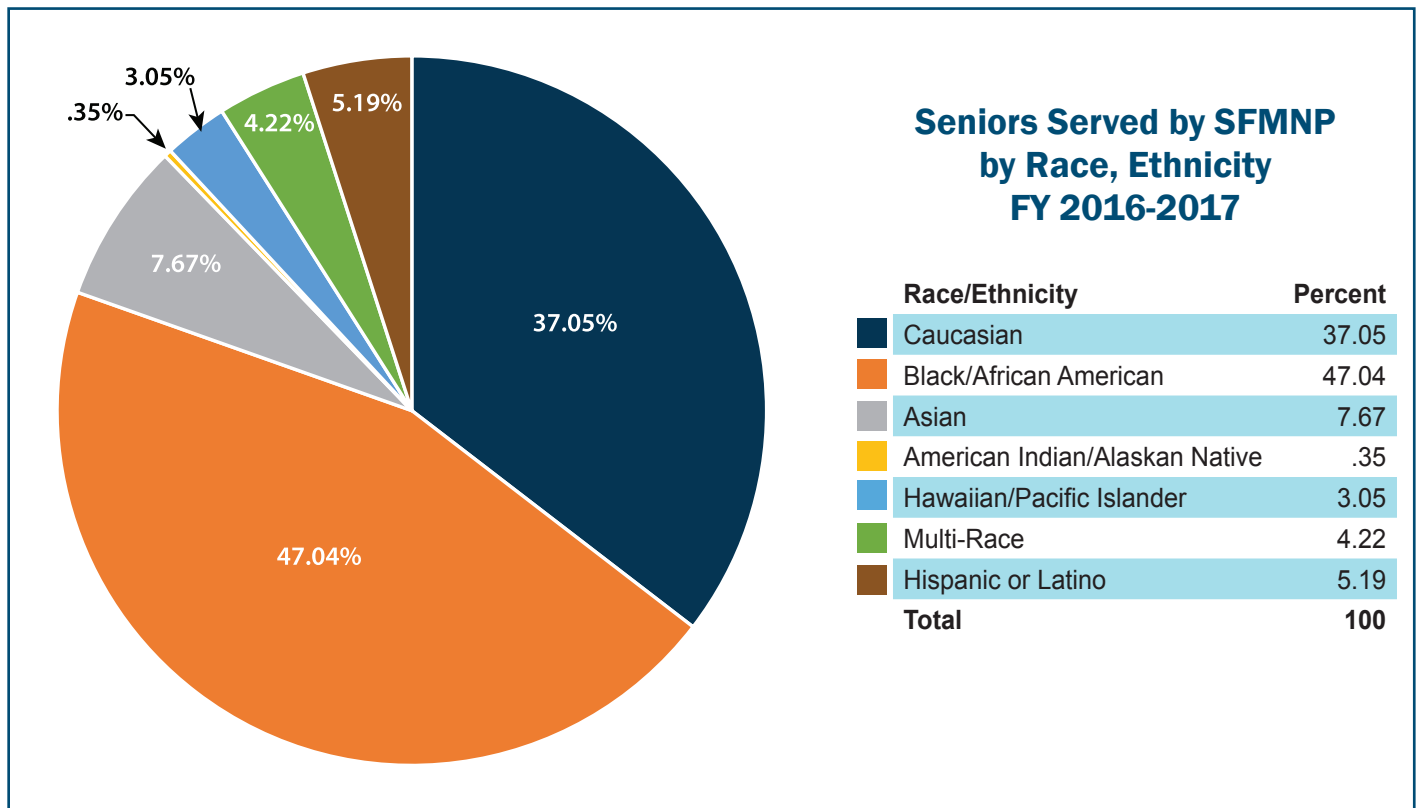
Commodity Supplemental Food Program Agency Participation by Race, Ethnicity (April 2017)

	Tri State Food Bank		St Louis Area Food Bank		Catholic Charities		Total	
Assigned Caseload	600		4,600		12,992		18,191	
	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino
American Indian or Alaska Native	1	0	2	0	13	0	16	0
Asian	0	0	15	0	1772	0	1,787	0
Black or African American	142	0	2,535	0	7,635	587	10,312	597
Native Hawaiian or other Pacific Islander	0	0	0	0	0	0	1	0
Caucasian	431	0	1,108	3	2,930	1,211	4,469	1,214
Those who marked more than one race	4	0	9	3	0	1808	13	1811

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 2017 summer season, approximately 355 farmers in 34 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 the SFMNP checks/coupons. In the summer 2017 season, Farmers Market checks/coupons were distributed in booklets of \$25.00 to seniors, age 60 and above and who have a household income of not more than 185 percent of the federal poverty income guidelines to purchase fresh fruits, vegetables, herbs and honey from participating farmers at local Farmers' Markets. Also in 2017, over 34,000 SFMNP booklets were distributed to seniors and of that 27,064 booklets (135,320 checks) were successfully redeemed by participating farmers.



Division of Substance Use Prevention and Recovery (SUPR) formerly Division of Alcoholism and Substance Abuse (DASA)

The Division of Substance Use Prevention and Recovery (SUPR) provides a system of care along the continuum of prevention, intervention, treatment and recovery support where individuals with substance use disorders, those in recovery and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated.

Services include Withdrawal Management, Outpatient, Intensive Outpatient, Residential Rehabilitation, Recovery Home, Halfway House, Early Intervention, Recovery Support and Case Management. During FY 2017, 578 unduplicated seniors were admitted to SUPR-funded services. These individuals were on average 70.1 years of age.

Race/Ethnicity	Individuals	Age
American Indian	2	66.9
Asian	7	65.3
Black or African American	312	69.2
Caucasian	226	71.3
Other Single Race	31	70.5
Total	578	70.1

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. In addition, many seniors are resistant to discussions they view as challenging their competence and independence.

The percentage of seniors with substance use disorders is expected to increase with the aging of the “baby boomer” generation. This is exacerbated by their unique susceptibility to opioid addiction due to the prescribing of pain medication for chronic and terminal illnesses. Assessment, intervention and treatment will require increased knowledge, skill and sensitivity to the needs and characteristics of persons in this segment of our client population.

Division of Developmental Disabilities

The Division of Developmental Disabilities provides person-first services and supports for individuals with developmental disabilities and their families. 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
- Residential living arrangements with security and care
- Adaptive equipment
- Other supports to improve quality of life

State-Operated Developmental Centers

There are 7 state-operated developmental centers in Illinois. They are certified by the state as Intermediate Care Facilities for persons with developmental disabilities.

Race/Minority Group	Community-Based Program for persons with developmental disabilities (Breakdown not available)	State-Operated Developmental Centers for persons with developmental disabilities	Total Persons Served
Caucasian		330	330
Hispanic or Latino		12	12
Black/African American		71	71
Asian		1	1
American Indian		1	1
Pacific Islander		0	0
Other		0	0
Unknown		0	0
Total	3,132*	415*	3,547*

*As of June 30, 2017

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 195 community-based organizations to provide services to persons with mental illnesses across the state. The DHS/DMH also operates a system of 7 hospitals and one treatment detention facility providing treatment to adults.

Specialized Gero-Psychiatric Services

At the present time there is no specialized funding directly from DMH to support gero-psychiatric services, although as reported below, individuals 65 and older receive services purchased from DMH providers. Danny Silbert, LCSW serves as the point person for Geriatric services 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 FY 2017

During FY 2017, approximately 4.2 percent 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 and Older Receiving Community Mental Health Services - FY 2017		Number of Individuals	Percentage
Race/Ethnicity	American Indian/Alaskan Native	11	0.4
	Asian	92	3.2
	Black/African American	488	16.9
	More than One Race Reported	1	0.0
	Native Hawaiian/Pacific Islander	4	0.1
	Race/Ethnicity Not Available	275	9.5
	Caucasian	2,019	69.9
	TOTAL	2,890	100
Hispanic Origin	Hispanic or Latino	224	7.8
	Hispanic or Latino Origin Unknown	321	11.1
	Not Hispanic or Latino	2,345	81.1
	TOTAL	2,890	100
Gender	Female	1,815	62.8
	Male	1,074	37.2
	Not Available	1	0.0
	TOTAL	2,890	100
Age	65 to 74	2,406	83.3
	75+	484	16.7
	TOTAL	2,890	100

Challenges to Services

Although many older adults enjoy good mental health, approximately 20 percent of persons 60 years of age and older experience mental disorders that are not part of normal aging. The most common disorders among older adults are anxiety and depression along with a high rate of suicide for older adult males aged 85 and older. The assessment, diagnosis, and treatment of mental disorders among older adults provide unique challenges due to stigma, ageism, transportation, mobility, lack of workforce education and experience in older adult's issues and payment of services. Most community mental health agencies are not certified to bill Medicare.

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.

DHS Division of Rehabilitation Services FY 2017 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	4	0.43
Elderly Blind	Asian	6	0.65
Elderly Blind	Black or African American	304	32.94
Elderly Blind	Hispanic or Latino	42	4.55
Elderly Blind	Multi-Racial	12	1.30
Elderly Blind	Native Hawaiian or Other Pacific Islander	4	0.43
Elderly Blind	Caucasian	551	59.70
Elderly Blind	Program Total	923	100

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Home Services	American Indian/Alaskan Native	258	1.47
Home Services	Asian	276	1.58
Home Services	Black or African American	8,388	47.95
Home Services	Hispanic or Latino	1,007	5.76
Home Services	Multi-Racial	237	1.35
Home Services	Native Hawaiian or Other Pacific Islander	13	0.07
Home Services	Caucasian	7,315	41.81
Home Services	Program Total	17,494	100
Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Vocational Rehab	American Indian/Alaskan Native	25	0.23
Vocational Rehab	Asian	90	0.95
Vocational Rehab	Black or African American	2,982	31.54
Vocational Rehab	Hispanic or Latino	521	5.51
Vocational Rehab	Multi-Racial	107	1.13
Vocational Rehab	Native Hawaiian or Other Pacific Islander	13	0.14
Vocational Rehab	Caucasian	5,717	60.47
Vocational Rehab	Program Total	9,455	100
Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
All DRS	American Indian/Alaskan Native	287	1.03
All DRS	Asian	372	1.33
All DRS	Black or African American	11,674	41.88
All DRS	Hispanic or Latino	1,570	5.63
All DRS	Multi-Racial	356	1.28
All DRS	Native Hawaiian or Other Pacific Islander	30	0.11
All DRS	Caucasian	13,583	48.73
	Division Total	27,872	100

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 Healthcare and Family Services (HFS)



HFS Medical Benefits for Seniors

HFS operates several programs that provide medical benefits for seniors. The largest program, known as the 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. These programs are funded jointly by the State and Federal governments.

HFS offers a wide range of medical coverage, including all mandatory and many optional Title XIX services. The primary categories of services that the minority elderly receive are listed in the table entitled 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 serving a large number of the elderly include:

Seniors and Persons with Disabilities (SPD)

This group is composed 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 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 \$7,390 for one person or \$11,090 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 \$7,390 for one person or \$11,090 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 \$7,390 for a single person and \$11,090 for a couple. (Reimbursement is 100% federal.)

HCBS Waiver Programs

All HCBS 1915(c) waiver programs provide services to individuals who would otherwise require or be at risk of requiring care in an institutional setting. Services provided under the waivers help clients remain in their homes or in community settings. HCBS waivers operated by the State include:

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

Elderly

This program helps individuals who are at risk of nursing facility placement and are (a) aged 65 and older or (b) physically disabled and aged 60 through 64. The Department on Aging is the operating agency for this waiver. Services include homemaker, adult day services, 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. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this waiver. Services include homemaker, home health aide, personal care, adult day care, habilitation, and supported employment.

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 who are 60 years or older but 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. Services include homemaker, home health aide, personal care, respite, adult day care, and environmental access.

Persons with HIV or AIDS

This program helps individuals who are diagnosed with Human Immune Deficiency Virus or Acquired Immune Deficiency Syndrome 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. Services include: homemaker, home health aide services, personal care, nursing, home delivered meals, and physical, occupational, and speech therapies.

Supportive Living Program

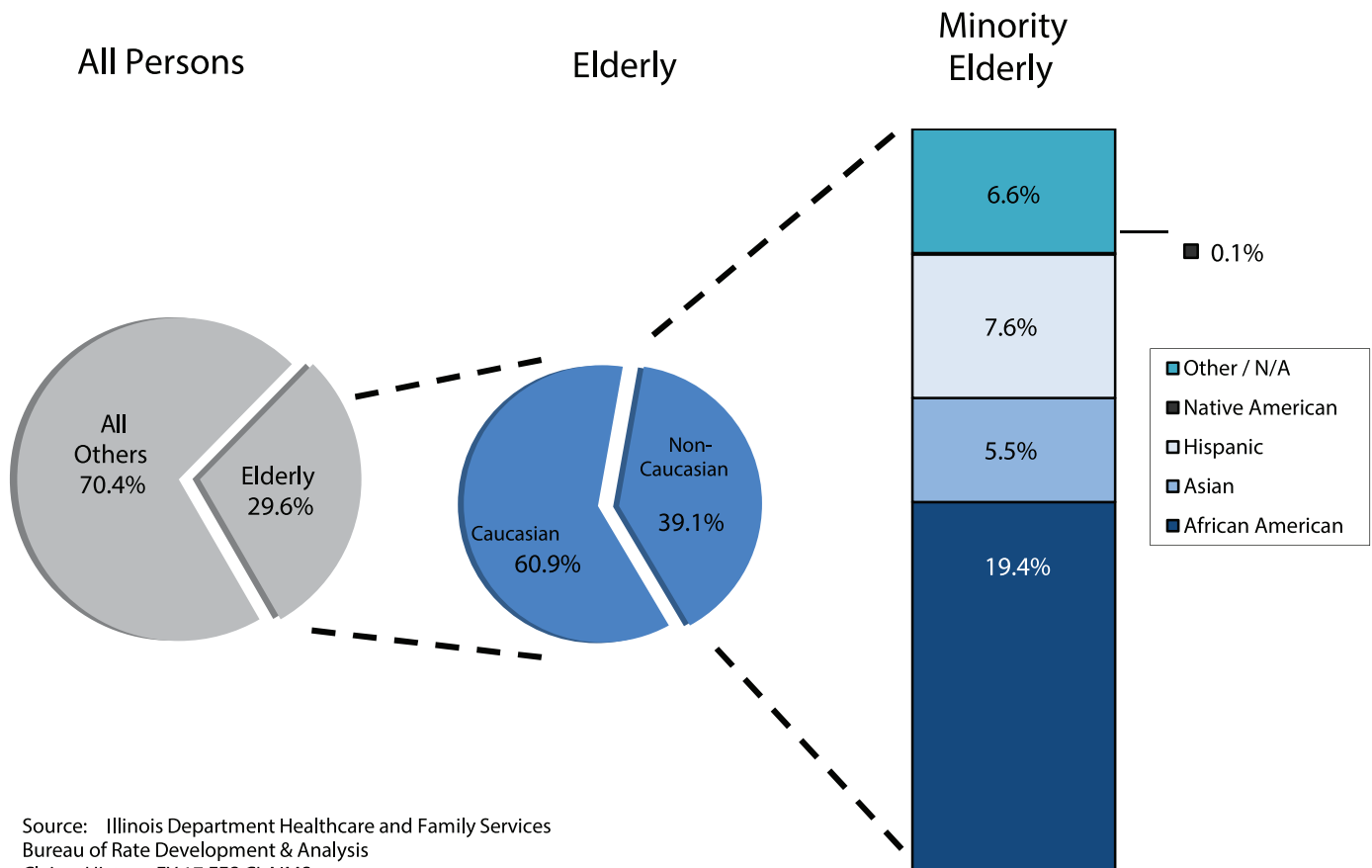
This program helps individuals age 22-64 with a physical disability, or persons age 65 or over, to reside in their own apartment in an assisted living style setting. This program provides assistance with activities of daily living and requires the scheduled and unscheduled needs of the individual be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

Utilization Data

During FY17, a total of 48.3 million Fee for Service (FFS) claims were received and processed under the Medical Assistance Program accounting for \$6.6 billion in expenditures and 78.7 million services. Of these amounts, 30 percent of all services and 25 percent of all expenditures were for the elderly. Minority Elderly accounted for 39% of services for the Elderly, and 37% of liability for the Elderly.

All Charts represent Medical Assistance eligible individuals age 65 years and older and are limited to those services provided on a fee-for-service basis. Services for individuals covered by a managed care organization are not included in this report.

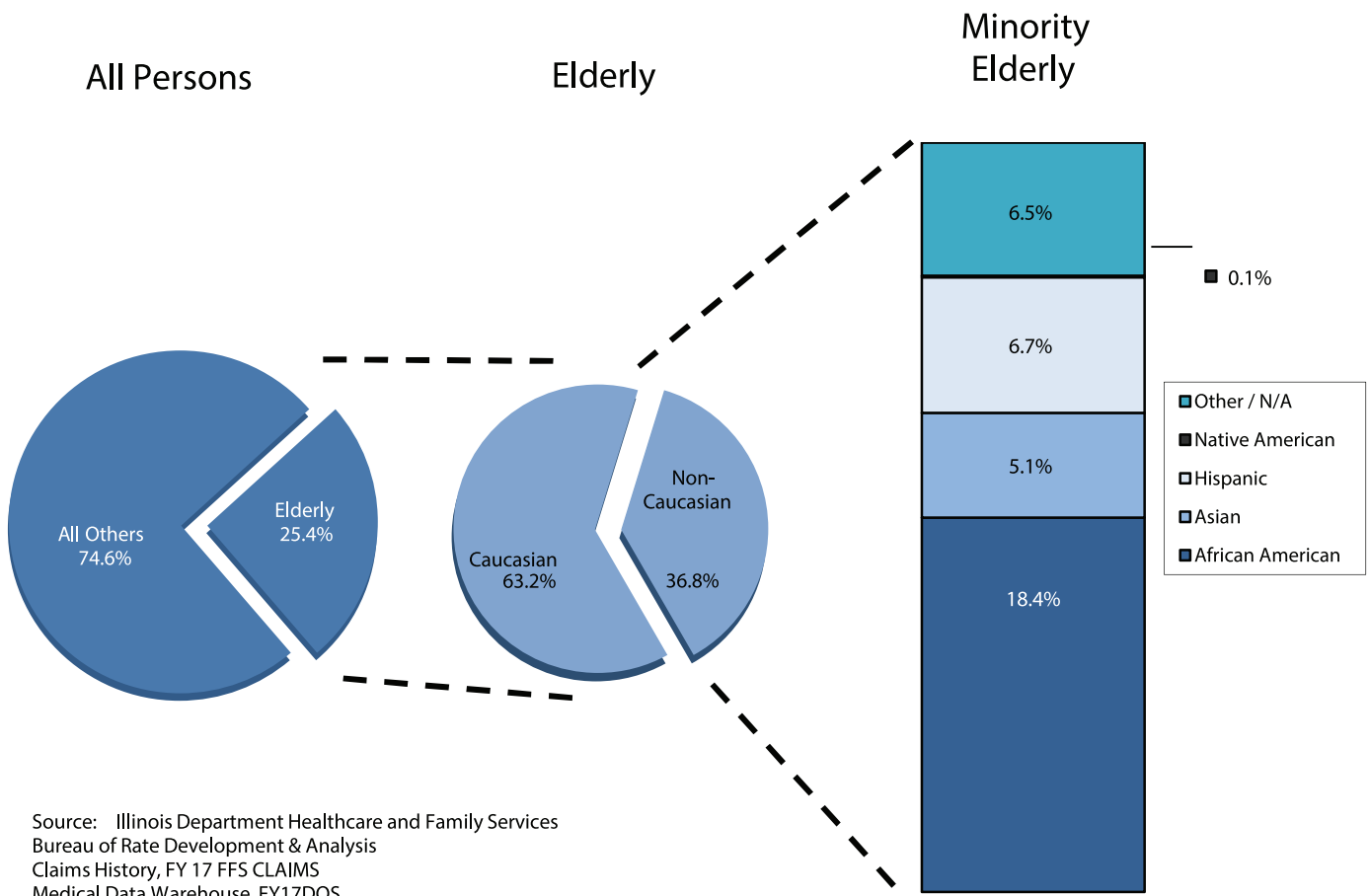
FY 2017 Medical Assistance Program Services to Minority Elderly



Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 17 FFS CLAIMS
Medical Data Warehouse, FY17DOS

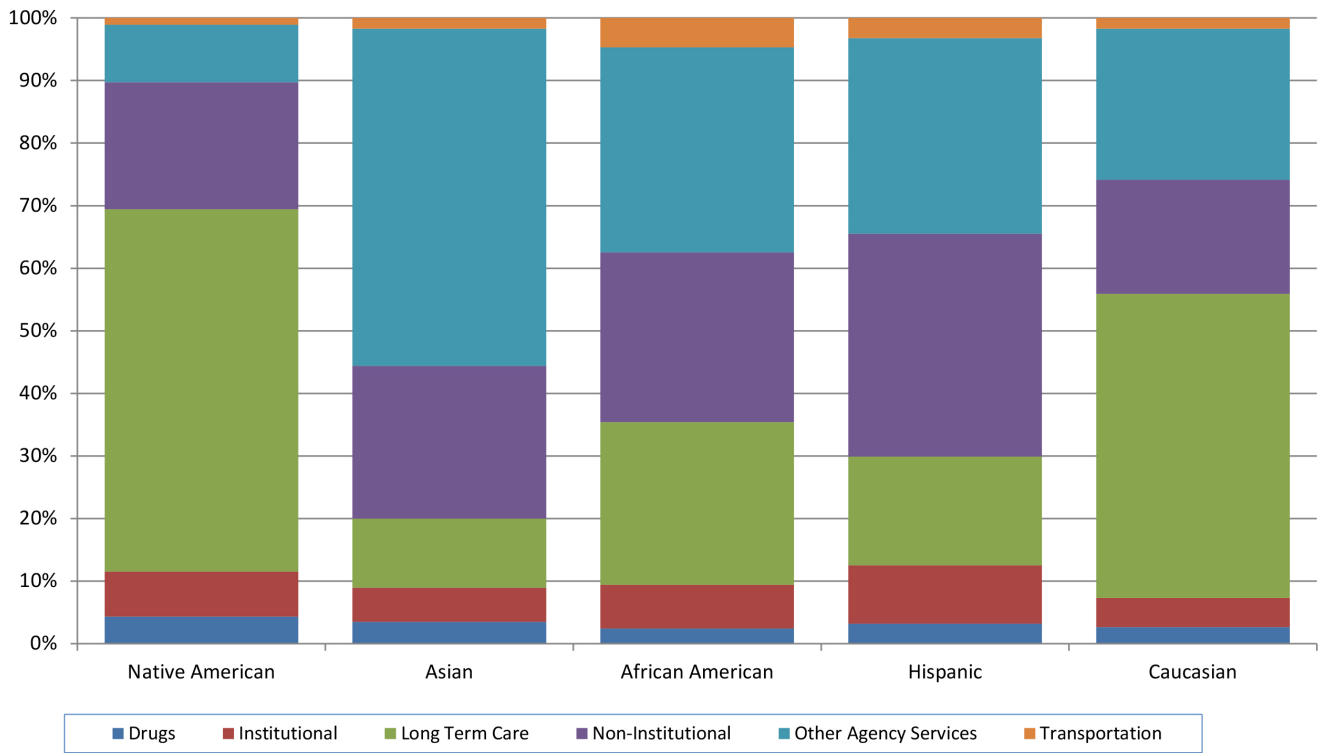
FY 2017 Medical Assistance Program

Dollars Spent for Minority Elderly

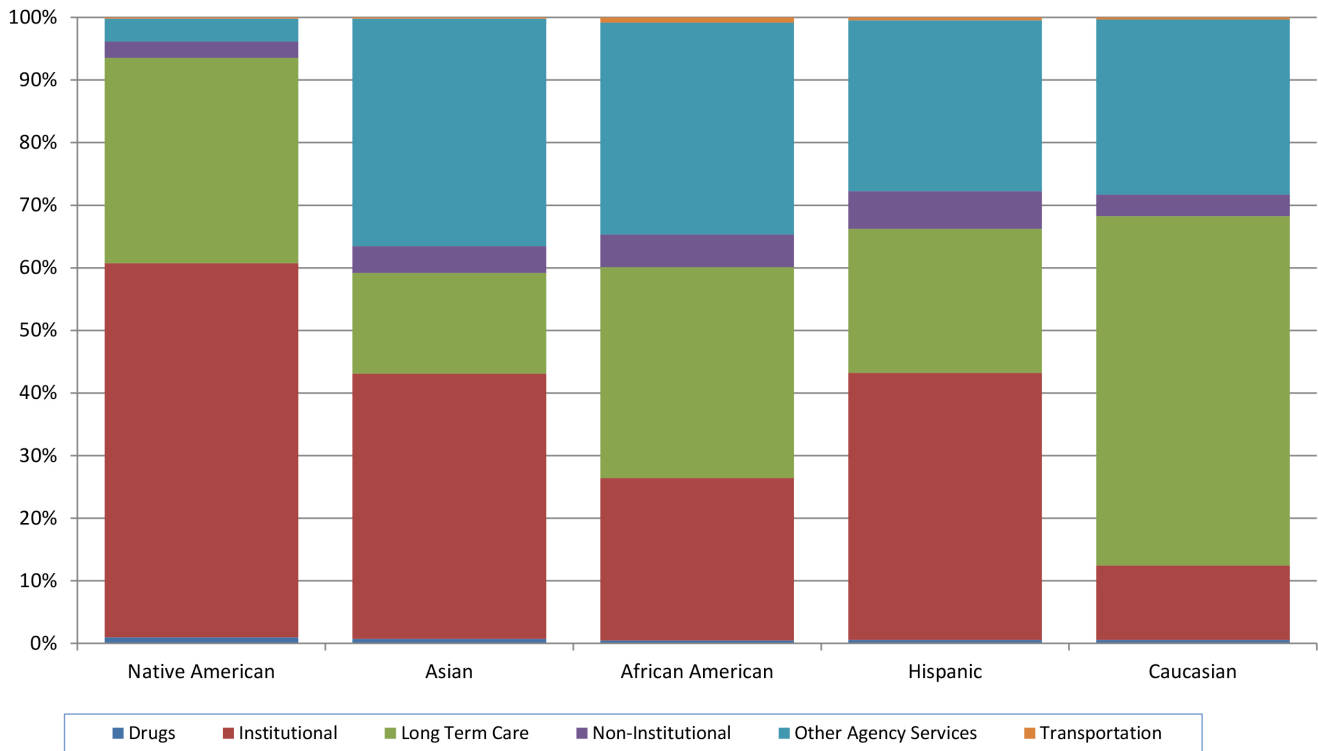


Source: Illinois Department Healthcare and Family Services
 Bureau of Rate Development & Analysis
 Claims History, FY 17 FFS CLAIMS
 Medical Data Warehouse, FY17DOS

FY 2017 Medical Assistance Program Services for Minority Elderly Per Ethnic Category



FY 2017 Medical Assistance Program Expenditures for Minority Elderly Per Ethnic Category

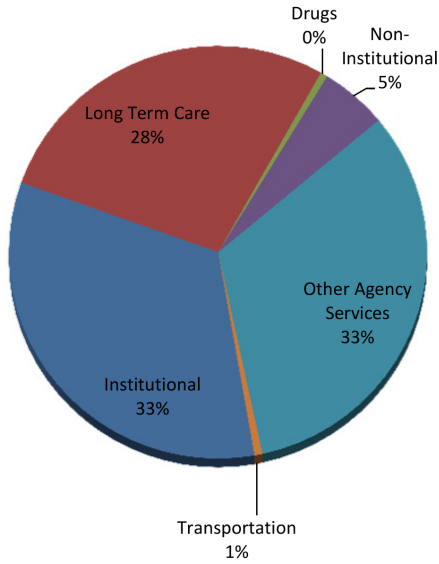


Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Claims History, FY 17 FFS CLAIMS
Medical Data Warehouse, FY 17DOS

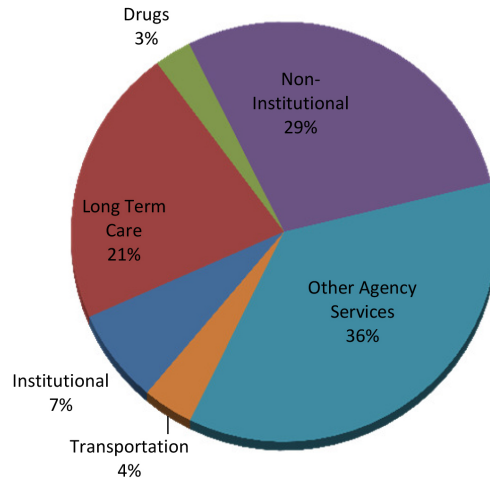
FY 2017 Medical Assistance Program

Expenditures Vs. Services for Minority Elderly

Expenditures



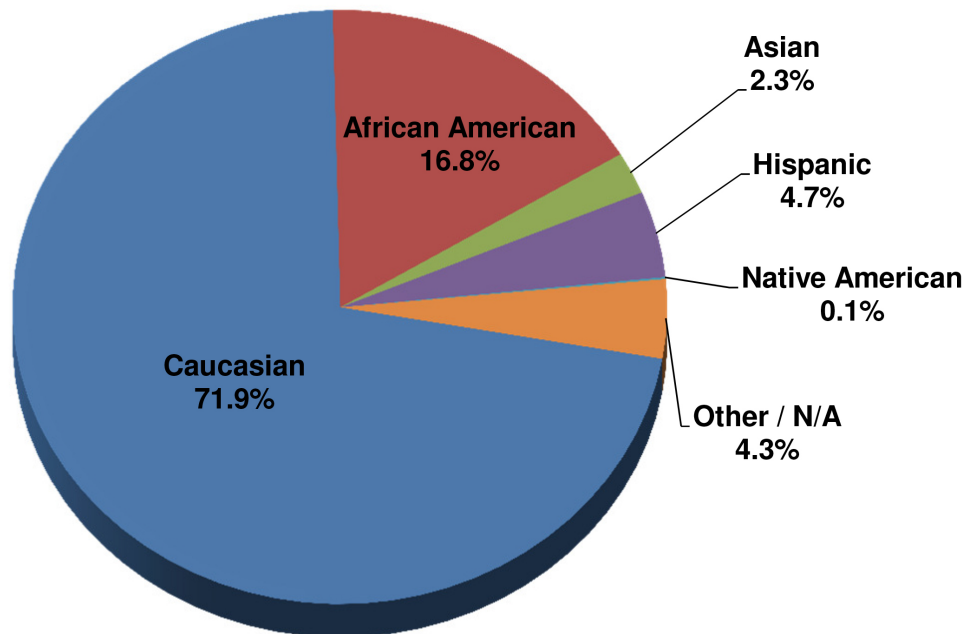
Services



Source: Illinois Department Healthcare and Family Services
 Bureau of Rate Development & Analysis
 Claims History, FY 17 FFS CLAIMS
 Medical Data Warehouse, FY17DOS

FY 2017 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, FY17 FFS CLAIMS
 Medical Data Warehouse, FY17 DOS

Federally Required Medical Assistance Services in FY 2017

The following services are required to be provided by HFS in the Medicaid, CHIP, and certain All Kids programs:

- Certified pediatric and family nurse practitioner services
- Emergency services
- Emergency service for non-citizens
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services for individuals under age 21
- Family planning services and supplies
- Federally qualified health center services
- Freestanding birth center services
- Home health services
- Inpatient hospital services
- Laboratory and X-ray services
- Medical/surgical services by a dentist
- Nurse midwife services
- Nursing facility services (age 21 and over)
- Outpatient hospital services
- Physician medical and surgical services
- Rural health clinic services
- Tobacco cessation counseling for pregnant women
- Transportation to covered medical services

Optional Services Provided in FY 2017

The following services are covered by HFS in the Medicaid, CHIP, and certain All Kids programs but are not required to be covered under federal law:

- Audiology services
- Case management services
- Certified Registered Nurse Anesthetist
- Chiropractic services
- Clinic services (Medicaid Option/Community Mental Health)
- Clinical Nurse Specialist
- Dental services, including dentures
- Diagnostic services
- Durable medical equipment and supplies
- Eyeglasses
- Home and Community-Based Services through federal waivers
- Hospice services
- Inpatient psychiatric services (IMD) for individuals 21 and under, including State-operated facilities
- Intermediate care facility services for individuals with intellectual disabilities, including State-Operated facilities
- Nursing facility services for individuals under 21 years of age
- Occupational therapy services
- Optometric services
- Physical therapy services
- Podiatric services
- Prescribed drugs
- Preventive services
- Prosthetic devices
- Rehabilitative services (Medicaid Rehab Option)
- Services provided through a managed care health plan
- Special TB services
- Speech, hearing and language therapy services

Illinois Department of Public Health



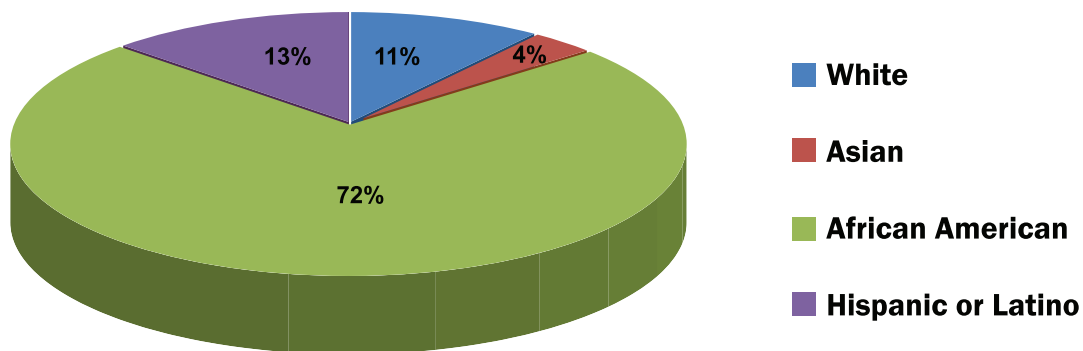
The Illinois Department of Public Health was created in 1877 to regulate medical practitioners and to promote sanitation. Today, IDPH is responsible for protecting the state’s 12.8 million residents, as well as countless visitors, through the prevention and control of disease and injury. The Department’s 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 (the Center) 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 with other programs 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.

The Center promotes the health and well-being of racial and ethnic minorities (Black or African American, Asian American, American Indian and Alaska Native, Hispanic or Latino, Native Hawaiian and other Pacific Islander) and linguistic minority populations throughout Illinois, by increasing the IDPH’s capacity to respond effectively to the critical public health needs of those communities of color, and continue working to establish health disparity elimination goals. Racial and ethnic minority groups still experience poorer health status. While as a whole, the racial and ethnic minority population in Illinois continues to grow, the future of health of Illinois as a whole will be influenced substantially by our success in improving the health of those racial and ethnic minorities.

Through funding made available from general revenue and federal grants, the Center oversees several programs that seek to address the disparities in health outcomes for racial and ethnic minorities. These programs specifically focus on education, outreach, intervention, and providing access to care for disadvantaged communities. The programs also focus on delivering information and services in a culturally competent and linguistically appropriate manner at all times.



Federal Programs

Minority AIDS Initiative – AIDS/Drug Assistance Program (ADAP): This program provides linkage into ADAP and other drug assistance programs for HIV positive minority individuals through innovative means by initiating, modifying, or expanding educational, outreach, and linkage to ADAP services that address under and unmet needs in communities of color that are disproportionately impacted by the HIV/AIDS epidemic. This includes sub-populations such as women, young adults, men of color who have sex with other men,

the homeless, uninsured and underinsured individuals and those recently released from correctional institutions, and persons with a dual diagnosis of chemical dependency. In FY 2017, the Minority AIDS Initiative ADAP program through community partners conducted targeted education and awareness activities across Illinois reaching over 43,000 high-risk individuals, assisted with successful enrollment of 134 new individuals into ADAP program, and reenrollment of 224 individuals that were lost or almost lost to care.

Refugee Health Program (RHP): The goal of the Refugee Health Program (“RHP”) is to provide eligible clients with culturally and linguistically appropriate comprehensive health assessments, including follow-up and referrals for health conditions identified in the assessment process. The RHP is housed under the Office of Minority Health and is contracted by the Illinois Department of Human Services to provide these services. Through RHP, newly arriving refugees to Illinois receive a comprehensive health examination that includes screening for communicable diseases, age appropriate immunizations, nutritional assessments including home visits, referrals for follow-up care, and interpretation services.

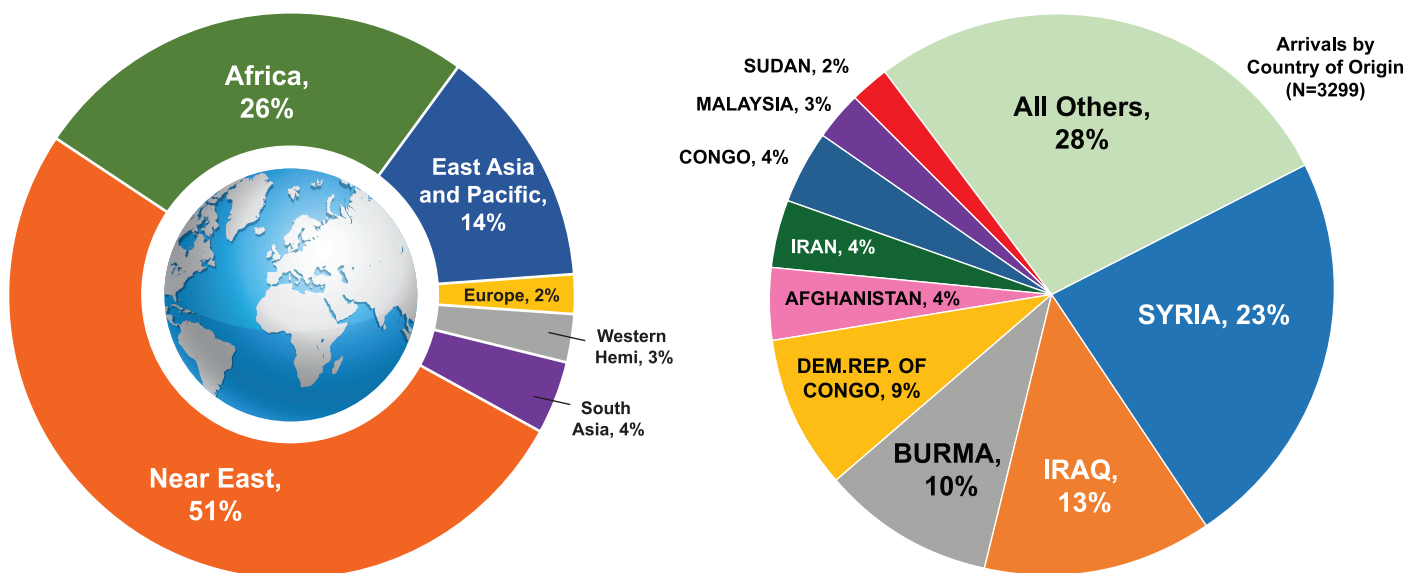
In addition, medical case management is offered to some refugees arriving with complex medical conditions.

There are five contracted medical providers: three local health departments and two private clinics that conduct the initial health assessment and provide follow-up care or referrals as needed. The Office of Refugee Resettlement and U.S Centers for Disease Control and Prevention (CDC) provide guidelines for domestic follow-up evaluation in newly arriving refugees. The Refugee Health Screening Program collaborates with the following Refugee Providers: Aunt Martha’s Health Center, Aurora; DuPage County Health Department, Wheaton; 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.

Of the 3,299 refugee arrivals to Illinois in state FY17, 131 (<4%) were above the age of 60 – coming mainly from Iraq, Burma, Syria, and Democratic Republic of Congo.

Refugee Health Program (RHP) State FY 2017

We screened arrivals from 70 different countries of origin



General Revenue Funded Programs:

Communities of Color Special At Risk Population: This initiative funds HIV prevention, education, testing, and care programs targeting communities of color-specifically programs with the capacity to reach special at-risk minority populations including men who have sex with men, homeless, ex-offenders, sex workers, those with a history of mental illness or substance abuse, and other difficult to reach populations. These specific efforts are necessary due to the unique problems that many of these individuals may face that places them at greater risk for HIV disease.

Illinois Hepatitis B Outreach, Awareness and Education to Immigrants: This funding provided outreach, awareness, and education to foreign born Asian and African Immigrant and Refugee Communities regarding Hepatitis B and referral and linkage opportunities for screening, vaccination, and treatment services. These specific efforts are necessary due to the unique problems that many of these individuals may face that places them at greater risk for Hepatitis B infection. Higher rates of chronic Hepatitis B infection exist particularly among foreign born populations from Asia and Africa.

Wellness on Wheels (WOW) Initiative – Mobile Administration: This initiative allows culturally competent and linguistically appropriate services to be offered where, and when clients need them, and immediate adjustments can be made to the outreach plan based on input from clients, disease outbreaks, and special community events. There are currently four (4) Wellness on Wheels mobile units in operation. While the mobiles are housed in Champaign, Cairo, Joliet, and Springfield, they provide services on a statewide basis. Each air-conditioned unit has two intake areas; a small waiting area; a large examination room equipped with an exam table, hot and cold running water, storage space, small refrigerator; electrical outlets, and a handicap accessible bathroom. In FY 2017, multiple screenings were conducted on the mobiles from immunization, prostate screening, dental, HIV, Hepatitis C, Gonorrhea, Syphilis, and Chlamydia. In FY 2017, the WOW units participated in 62 events making screening services accessible at a number of places including the Illinois State fair, in rural communities and in inner cities and community events, making services accessible to underserved residences.

Increasing Access to Health Care Services: In conjunction with the WOW mobile units, this program made it possible for preventative health screenings to occur in an innovative and culturally and linguistically appropriate manner throughout the medically underserved areas of Illinois.

Services through this funding were provided in familiar/non-threatening environments and tailored to ensure relevance to the circumstances and conditions of the target population. Community and faith-based organizations utilized the van at no cost, in their communities.

Number of Individuals reached for all programs in FY17					
Program	Outreach	Direct Services	Events	Seniors	% of Population Served
ADAP	37129	50992	1559	20	<1%
Communities of Color At Risk	37251	4684	123	372	<1%
Hepatitis	5857	1840	39	291	<1%
Increasing Access to Health Care Svcs	55081	55081	51	991	<1%
Wellness On Wheels Administration	3787	140	37	255	<1%

Special Partnerships

Flu Clinics: In partnership with Walgreens, they provided more than **250** flu shots in underserved communities, reaching underinsured, uninsured, rural and migrant populations for FY 2017. The program provided **104** seniors to receive the flu shot.

Walgreens - Demographic Report FY17															
	Shot		Gender		*Age		*Race						*Insurance		
	Flu	Pneumonia	Male	Fem	under 50	above 50	Black or AA	American Indian	Alaska Native	Hispanic/Latino	Native Hawaiian	Pacific Islander	White	Insured/Type of Insurance	Uninsured
	5		2	3	3	2				1			4	4	1
	44		41	3	29	15	44								44
	51		27	24	50	1									
	3		1	2	1	2	3								3
	3		1	2	1	1	2								2
	19		5	14	19				19						19
	35		16	19	25	10									
	64		34	30	3	61									
	12		4	8	9	3									
	17		7	10	12	5									
	7			7	5	2	5						2	1	6
	5		2	3	3	2				1			4	4	1
TOTAL	265	0	140	125	160	104	54	0	0	21	0	0	10	9	76

First Ladies Health Initiative: The Center participated in HIV testing and counseling opportunities that included one day of testing at 40+ churches in Chicago's South side and Westside locations. Over 400 individuals received free HIV testing and other health screenings. The goal is to raise awareness and promote HIV testing in churches and reduce the stigma associated with testing. The program provided 200 seniors to receive the free HIV testing.

Black Women's Expo: Over 450 individuals received HIV, Hepatitis C, and other basic screenings at this event. The center coordinated a workshop on breast and cervical cancer for women of color. Over 10,000 individuals attended the three day event. Informational materials were also disseminated at the event. The workshop provided 195 seniors free screenings.

Summit of Hope: The Center participates in the signature program of the Illinois Department of Corrections to provide over 150 HIV screenings and counseling services at Summit of Hope events around the State. This event provided 100 seniors free screenings.

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. Once a year, IAACOMA hosts a conference for agencies that work with migrant communities in Illinois.

The Center serves on conference planning committee and is a regular sponsor of the conference.

Ethnicity	Female	Male	Blood Pressure	Cholesterol	Glucose	Dental	Hearing	Stroke	HIV	Hep. C	STD
African American	463	539	130	107	109	16			276	372	3
African	2	2									
Hispanic/Latino	180	103	60	58	58				70	38	1
Caucasian	203	108	36	2	2		2		179	80	8
Asian/Pacific Islander	10	9	2	2	2				9	3	1
Native American											
Middle Easterner											
Other	32	5	1	1	1				32	2	
Unknown	239	57	292	278	291			178			
Total	1129	823	521	448	463	16	2	178	566	495	13
50 and Over			413	362	391	16	2	101	200	173	2

Funded Grantees in 2017

Asian Health Coalition
Asian Human Services
Beyond Care, Inc.
Brothers Health Collective
Cass County Health Department
Center on Halsted
Champaign-Urbana Public Health District
Community Health & Emergency Services, Inc.
Fifth St. Renaissance
Fola Community Action Services
Howard Area Community Center
Illinois Public Health Association

Midwest Asian Health Coalition
Perry County Health Department
Pilsen
Proactive Community Services
Puerto Rican Cultural Center
Regional CARE Association
Renz Addiction Counseling
Sinai Health System
Springfield Urban League
The Project of Quad Cities
Universal Family Connection
Vietnamese Association of Illinois

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 multidisciplinary 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 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.

Data from the report was utilized to create a data brief entitled Illinois Special Emphasis Report: Fall Injuries among Older Adults 2008-2014 (<http://dph.illinois.gov/sites/default/files/publications/publications-ohpm-older-adult-falls-100217.pdf>). The 6-page report shares data about fall deaths, nonfatal fall hospitalizations, demographic data, projected lifetime costs, survey (BRFSS) data and fall prevention resources. A webpage (<http://dph.illinois.gov/topics-services/prevention-wellness/injury-violence-prevention/older-adult-falls>) was created to share information about older adult falls, including this data brief. The webpage provides information about the burden of falls; what healthcare providers, caregivers and older adults can do; and information about special conditions.

A data book entitled Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book (<http://dph.illinois.gov/sites/default/files/publications/ohpm-ivp-databook-v2-041618.pdf>). The Data Book includes data on the leading causes of injury-related deaths, hospitalizations, and emergency department visits. Data also include the cost of injury and violence, and demographic breakdowns. Lastly, the appendix provides several additional resources, including data sources for this report, supportive publications, and a glossary.

Hospital Discharge Data (HDD) - FFY 2015						
REASON FOR HOSPITALIZATION	65-74 years old		75-84 years old		85+ years old	
	Number	Rate*	Number	Rate*	Number	Rate*
Hospitalizations for all injuries	7,777	794.5	10,140	1955.8	11,822	4219.9
Drowning-related	-	-	-	-	-	-
Unintentional fall-related	4,992	510.0	7,722	1489.4	9,860	3519.6
Hip fracture in 65+	1,767	180.5	3,454	666.2	5,034	1796.9
Unintentional fire-related	32	3.3	25	5	-	-
Firearm-related	-	-	-	-	-	-
Assault-related	53	5.4	24	4.6	-	-
Motor vehicle traffic	429	43.8	307	59.2	183	65.3
Poisoning	561	57.3	335	64.6	134	47.8
Suicide attempt	176	18	80	15.4	31	11.1
Traumatic brain injury	1,389	141.9	1,906	367.6	2,109	752.8

Note: (1) This report is for Federal Fiscal Year 2015 (FFY2015 with dates 10/01/14 to 09/30/15) because CDC has not yet published injury case definitions using ICD10 CM codes. (2) Transition to IDC10 CM codes occurred in April 2015.

Emergency Discharge (ED) Data - FFY 2015 *(less than 20 cases)*

REASON FOR ED VISIT	65-74 years old		75-84 years old		85+ years old	
	Number	Rate*	Number	Rate*	Number	Rate*
ED visits for all injuries	64,301	6568.9	51,087	9853.5	52,547	15187.4
Drowning-related	-	-	-	-	-	-
Unintentional fall-related	31,250	3192.4	32,347	6239.0	31,769	11340.1
Hip fracture in 65+	272	27.8	467	90.1	715	255.2
Unintentional fire-related	253	15.6	78	15.0	23	8.2
Firearm-related	25	2.6	-	-	-	-
Assault-related	518	52.9	149	28.7	65	23.2
Motor vehicle traffic	4,903	500.9	2,278	439.4	788	281.3
Poisoning	920	94.0	520	100.3	261	93.2
Suicide attempt	97	9.9	43	8.3	-	-
Traumatic brain injury	7,203	735.8	7,875	1518.9	8,143	2906.7

Note: (1) This report is for Federal Fiscal Year 2015 (FFY2015 with dates 10/01/14 to 09/30/15) because CDC has not yet published injury case definitions using ICD10 CM codes. (2) Transition to IDC10 CM codes occurred in April 2015.

Death Data - FFY 2016									Total Population	
FATALITY TYPE	65-74 years old		75-84 years old		85+ years old		Illinois Total		12,859,995	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate		
Injury	551	53.0	603	113.2	756	292.2	7,246	56.3	<01	155,304
Unintentional Drowning	12	1.2	15	2.8	2	-	113	0.9	01-04	625,358
Unintentional fall-related	142	13.7	280	52.6	430	166.2	1,048	8.1	05-14	1,658,608
Unintentional fire-related	18	1.7	23	4.3	10	3.9	98	0.8	15-24	1,752,251
Firearm-related	68	6.5	49	9.2	26	10.0	1,219	9.5	25-34	1,774,341
Homicides	11	1.1	9	-	5	-	863	6.7	35-44	1,669,816
Motor vehicle traffic	94	9.0	63	11.8	57	22	1,058	8.2	45-54	1,746,424
Poisoning	75	7.2	16	3.0	9	-	2,030	15.8	55-64	1,644,616
Suicides	116	11.2	67	12.6	33	12.8	1,362	10.6	65-74	1,038,829
Traumatic brain injury	191	18.4	252	47.3	263	101.7	1,699	13.2	75-84	532,731
									85+	258,717

NOTE:

Injury surveillance methods for use with ICD-10-CM coded hospitalization and emergency department data are expected to be finalized next year. ICD-10-CM injury case definitions are being finalized by a group of state, federal and private experts. Next year's report may include updated data for both 2016 and 2017."

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 190 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 FY 2019, 2 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 FY2019 funding.

Alzheimer's Disease Advisory Committee

The Alzheimer's disease Advisory Committee is comprised of approximately 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 post-secondary 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, 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 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-QUIT-YES, has counselors to provide expert advice, addiction assessment, customized quit plans, quit kits, craving support and follow-up. The Quitline is available to help 7-days-a-week (7:00 a.m.– 9:00 p.m., Monday through Friday, and 9:00 a.m. - 5:00 p.m., Saturday and Sunday), 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 FY 2017, there were 16,979 total callers to the Quitline for in-depth tobacco cessation services and 4,442 callers were seniors 65 years and older (26.1%). Of seniors who called the Quitline, 71.7 percent were white, 24.4 percent were black and 3.9 percent were other races.

Women's Health and Family Services

Division of Population Health Management

Carolyn Adam Ticket for the Cure Community Grant Program

On July 6, 2005 PA 94-0120 was signed into law, creating the Illinois Ticket for the Cure instant lottery ticket. Net revenue from the sale of this ticket went to the Illinois Department of Public Health (IDPH), Office of Women's Health for the purpose of making grants to public or private entities in Illinois for funding breast cancer research, funding supportive services for breast cancer survivors and those impacted by breast cancer and for funding breast cancer education. This legislation expired December 31, 2011.

On July 11, 2011 PA 97-0092 renewed the legislation extending the Illinois Ticket for the Cure instant scratch-off lottery ticket game as well as updated the name of the ticket to be The Carolyn Adams Ticket for the Cure instant scratch-off lottery ticket in honor of the memory of the late Carolyn Adams, Director of the Department of Lottery. This legislation also revised the Ticket for the Cure Advisory Board to include professional titles more closely involved with breast cancer programs and breast cancer research.

The total amount of funding awarded to Community and Research grants from inception of the sale beginning January 2006, including the last round of awards (January 2016-December 31, 2016) of the instant scratch-off lottery ticket is approximately \$10,378,188. Nearly all past grantee organizations served older women and most, if not all, of past grantees served minority populations.

Currently, there is not a Carolyn Adams Ticket for the Cure grant program available. However, the Carolyn Adams Ticket for the Cure instant lottery ticket game and fund has been signed into law by Public Act 99-0917, extending this legislation until December 31, 2026. We will have a Community grant application and a Research grant application available and award grants in FY 2019.

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 screenings for cardiovascular disease (CVD) risk factors. Participants who are identified as having CVD risk factors, such as hypertension, high cholesterol, high glucose and/or high triglyceride levels, smoking, or elevated Body Mass Index (BMI), are provided with clinical resources and referrals through community based and clinical linkages to decrease or eliminate their risks of CVD. In FY 2017, the IWP screened 2129 women of which approximately 26 percent were of Hispanic Origin. In FY 2016, the following Races were served: a pproximately 7 percent were African-American, and approximately 50 percent were Asian or Native Hawaiian/Pacific Islander. Of the total women served in FY2017, approximately 62 percent of those women were between the ages of 50 and 64.

Illinois Breast Cancer Screening 2017		
Age	#	%
<40	23	0.34
40-49	3,260	52.80
50-64	2,944	42.94
65+	269	3.92
Total	6,856	
Race	#	%
White	5,874	85.68
Black	358	5.22
Asian/PI	565	8.24
Other/Unk	59	0.86
Total	6,856	
Ethnicity	#	%
Non-Hispanic	1688	24.62
Hispanic	5,052	73.69
Unknown	116	1.69
Total	6,856	

Illinois Cervical Cancer Screening 2017		
Age	#	%
<40	531	20.72
40-49	1,288	50.25
50-64	718	28.01
65+	26	1.01
Total	2,563	
Race	#	%
White	2,405	93.84
Black	73	2.85
Asian/PI	63	2.46
Other/Unk	22	0.86
Total	2,563	
Ethnicity	#	%
Non-Hispanic	383	14.94
Hispanic	2,152	83.96
Unknown	28	1.09
Total	2,563	

Changing demographics

According to the U.S. Census Bureau, in 2017 older Illinoisans (age 65 and older) represented 15.2 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 U.S. 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, nearly one in five of the nation's total population is projected to be foreign born.

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 98.2 million in 2060, almost double its population of 47.8 million in 2015.

Similarly, the 85 and older population is expected to more than triple, from 6.3 million to 19.7 million between 2015 and 2060.

The non-Hispanic, single-race White population is projected to decrease by 2060 with a population of 181.9 million, 16 million less than in 2015 (197.9 million). In fact, this group is projected to slowly decrease from the 2020s to 2060 and comprise less than half of the total population.

Meanwhile, the Hispanic population is projected to grow from 56.6 million to 119 million during the 2015-2060 period. Nearly one in three U.S. residents would be Hispanic.

The Black population is projected to increase from 45.7 million to 74.5 million during the 2015-2060 time period.

The Asian population is projected to go from 17.4 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, and 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 during the period between 2012-2060.

Demographics on the Rise

Today's older Americans are predominantly White, but the demographics of older America will undergo a dramatic transformation in the next few decades. According to the American Psychological Association,

- The number of older Black Americans will triple by the middle of the next century, moving them from 8 to 10 percent of Americans over age 65.
- The older Hispanic population will increase 11 fold, going from representing fewer than 4 percent of today's older adults to representing nearly 16 percent of older adults.
- There are some major differences in the aging of the minority population as compared to the aging of White Americans. The onset of chronic illness in minorities is usually earlier than in Whites.
- Minorities have a higher incidence of obesity and late onset diabetes.
- Health problems among minorities are underreported to healthcare practitioners.
- Minorities frequently delay seeking health-related treatments.
- Minorities have often been excluded from drug research.
- Some of the factors contributing to poor mental health among minorities include poverty, segregated and disorganized communities, poor education, unemployment, stereotyping, discrimination, and poor healthcare.

According to the U.S. Census Bureau,

- The population is projected to grow much more slowly over the next several decades. This is because the projected levels of births and net international migration are lower today, reflecting more recent trends in fertility and international migration.
- The non-Hispanic White population is projected to peak in 2024. Unlike other race or ethnic groups, however, its population is projected to slowly decrease, falling by nearly 20.6 million from 2024 to 2060.
- The U.S. is projected to become a majority-minority nation for the first time in 2043. While the non-Hispanic White population will remain the largest single group, no group will make up a majority.
- According to projections, the population age 65 and older is expected to more than double by 2060. The older population would represent just over one in five U.S. residents by then, up from one in seven today. The increase in the number of the "oldest old" would be even more dramatic – those 85 and older are projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 percent of the total population.

IV

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.womenshealth.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

American Psychological Association: www.apa.org

Asian American Association: www.aaahs.org

Asian Pacific Fund: www.asianpacificfund.org

Intercultural Cancer Council: www.interculturalcancerCouncil.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 2017

**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

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).